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JAN 1 1944

ANNUAL MEETING — APRIL 25, 26 AND 27, 1944
CLARIDGE HOTEL, ATLANTIC CITY

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 1 — JANUARY, 1944 — Subscriptions, $3.00 per Year, Single Copies, 30 Cents

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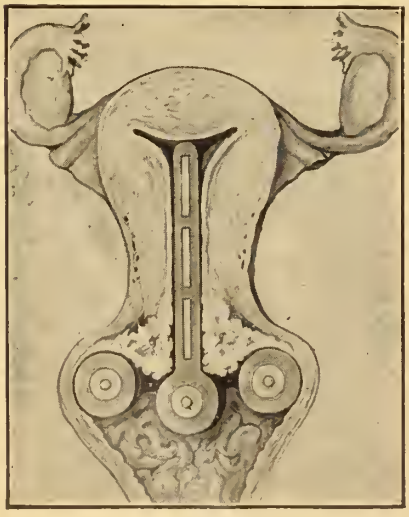
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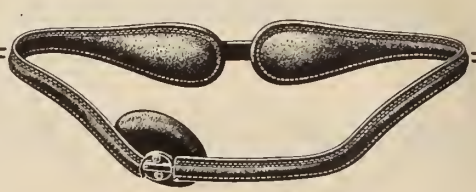
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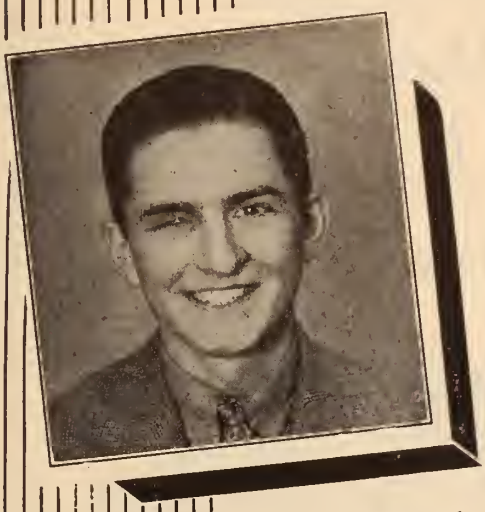
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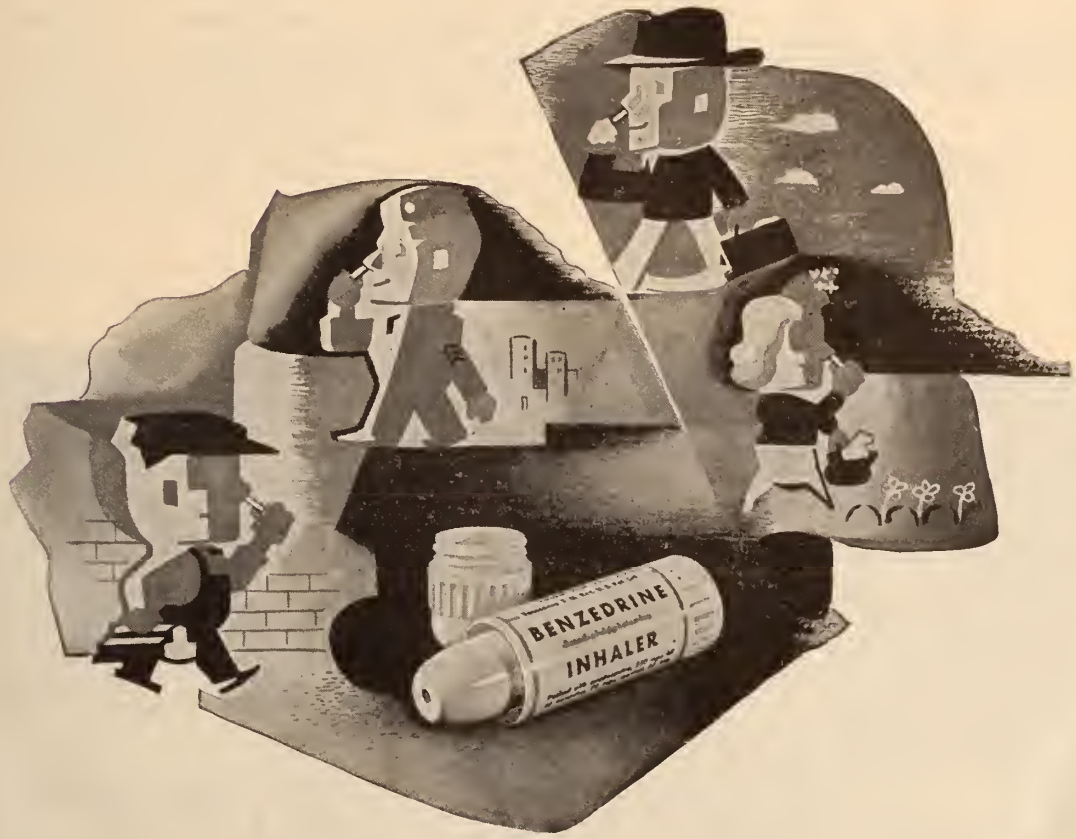
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Management of Syphilis in General Practice, U.S.P.H.S. Supp. No. 6 to Venereal Disease Information p. 60, Oct. 1939.

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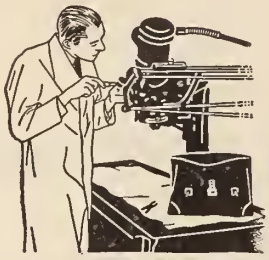
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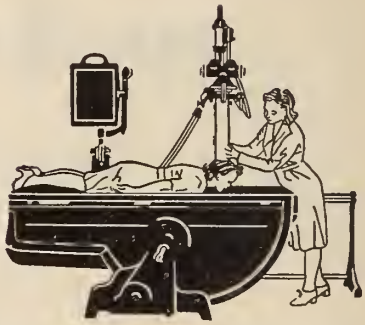
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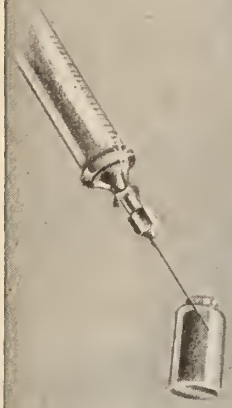
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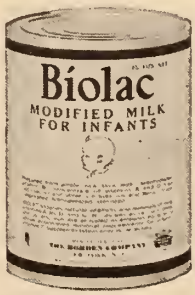
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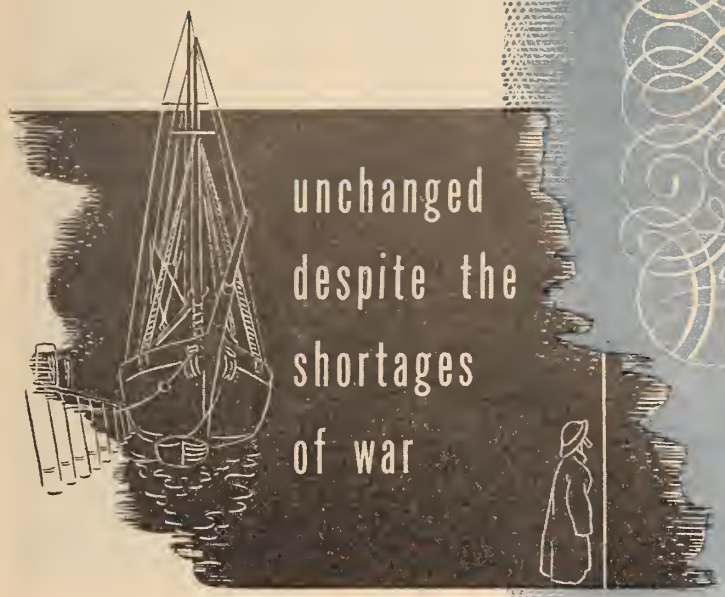
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FIRST TO LEAP



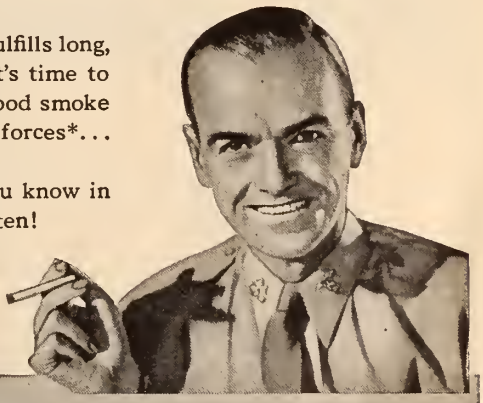
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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY SINCE SEPTEMBER, 1904
Whole Number of Issues, 473

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., Chairman

HENRY A. DAVIDSON, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. 41, NO. 1 JANUARY, 1944 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

NEW YEAR'S GREETINGS

As President of The Medical Society of New Jersey, I wish to extend the Season's Greetings to our members.

To those who are in the Armed Forces, scattered throughout the world, let me say that we are proud of the way in which you have responded to the call of your Country in its time of need. We are sure that you will uphold the honor and dignity of the profession, no matter where you are. At home, we are thinking of you and wishing for the day when you will be back to take up your work with us again.

To those at home, who are so valiantly fighting the battle of the Home Front; to the members of the various Committees, who are doing such wonderful work this year under tremendous difficulties; to the Officers of the Society, the Board of Trustees, and to the members of the Executive and Editorial Office Staffs, all of whom have been so helpful during this trying year; may we continue to work harmoniously together toward the successful culmination of our efforts.

RALPH K. HOLLINSHED, M.D.,
President.

REVISION OF THE STATE CONSTITUTION

From current available information the most important revisions of our one-hundred-year-old State Constitution presently contemplated are:

1. To increase the power and authority of the Governor over (a) the administrative departments of the government and (b) over legislation, by making it necessary that measures vetoed by the Governor can only be passed over his

veto by a two-thirds majority, following in this respect the provisions of the Federal Constitution and that of many other State Constitutions.

2. To reorganize the judicial machinery to simplify present court procedure and to make for fewer tribunals. According to a sizeable segment of the legal opinion of the State, the whole judicial system is archaic and is in need of an overhauling to provide for fewer courts and more expeditious procedure.

3. To amalgamate many of the existing departments and bureaus. That there are entirely too many independent departments and bureaus seems patently clear; the amalgamation of many of them should result in sounder administration.

We do not know, of course, what the three subcommittees of the incoming legislature, presently concerned with revision of the Constitution, will propose as amendments, but the report of the Commission on Revision of the New Jersey Constitution issued in 1942 proposes (under Section 3, Administration of the Executive Department) to set up nine administrative departments in the State government, designated as Agriculture, Commerce, Education and Civil Service, Labor, Law, Public Works, Social Welfare, State, and Taxation and Finance, which shall be under the supervision and control of the Governor.

If this proposal of the Commission on Revision as to the administrative departments is accepted by the legislative committee now considering the revision of the Constitution, the State Department of Health would not be a separate administrative unit of the Executive Department. As to the various professional examining boards, including the State Board of Medical Examiners, they presumably would be placed in the Department of Education and Civil Service. The State Department of Health undoubtedly would be a sub-department of the Department of Social Welfare.

In these proposals the medical profession has an especial and legitimate interest. We hold to the very definite opinion that there is no more important administrative department of government than that of the Department of Health, and to merge it with any other department or to make it a subsidiary of any other department would be a huge mistake. For many years the medical profession has felt that the various health activities of the Federal Government should be centralized in a Department of Health, and that the head of that Department should have Cabinet rank.

We are unable to see why, in revising the State Constitution, it is wise or desirable to specify the administrative units of the Executive Department. It would seem to us much more desirable, following the pattern of the Federal Constitution, to set forth the principles and policies of the three departments: executive, judicial, and legislative, and leave the details of functions to legislative enactments from time to time as experience dictates.

On December 6th the present Governor and the former Governors were invited to present their views on the revision of the Executive Department to the committee of the legislature concerning itself with this phase of the problem, of which Senator Haydn Proctor is Chairman. According to the newspaper account of this conference, both Governor Edison and ex-Governor Moore expressed themselves as being opposed to setting up in the Constitution, by name and number, the administrative departments of the government. According to press accounts, ex-Governor Moore also expressed himself as very definitely opposed "to making the State Department of Health subservient to any other department of the State government."

As to the placing of the various professional examining boards in the Department of Education (just why Civil Service has been added to this Department

we do not know) there seems to be good reason for this proposal. If the State Department of Education is to operate in a manner similar to that of the State Board of Regents in New York, where the various professional boards are under its supervision although functioning almost autonomously, we are inclined to favor this idea.

Representations have already been made to the Chairman of the Committee on Revision of the Executive Department, Senator Proctor, opposing placing the State Department of Health in the Department of Social Welfare, and it is hoped that The Medical Society of New Jersey will have further opportunity to present its views on this matter before the committee of the legislature makes its report.

SUGGESTION TO PHYSICIANS IN CASE OF A SECONDARY WAVE OF INFLUENZA WITH BACTERIAL COMPLICATIONS APPROACHING A MAJOR DISASTER

Methods of preventing or treating the primary or virus infection in epidemic or pandemic influenza have not as yet been perfected. The more serious manifestations of influenza appear to be caused by the added effect of virulent bacteria, the B. hemolytic streptococcus, the pneumococcus, etc. It has been demonstrated that epidemics of meningococcus meningitis in army posts can be ended abruptly by the use of sulfonamides in small doses in the entire personnel. With this fact now demonstrated, and if this State is later faced with a disaster such as the pandemic of influenza in 1918, in which virulent bacteria played so great a part, it is suggested that physicians generally avail themselves of the army experience by advising among the general populace *as a preventive measure* and under *complete medical supervision* the dose for adults of approximately 1.5 grams daily (approximately 1 gram or less for children) of an absorbable preparation of the commonly used sulfonamides (not sulfanilamide).

While it is true that prophylactic administration of sulfonamides produces well-recognized reactions, when prolonged for over one month, or earlier in a few highly sensitive individuals, if strict medical supervision is carried out, little if any harm will result. The dangers from small doses of sulfonamides are negligible in comparison with the dangers of the bacteria in a pandemic such as that of 1918.

This suggestion on prophylaxis is not made for the present epidemic nor is it related to treatment. It would apply as a prophylactic measure only in the face of a major disaster.—Joint Committee on Public Health and Preventive Medicine, College of Physicians of Philadelphia, the Philadelphia County Medical Society. Philadelphia Medicine, Vol. 39, No. 19, p. 535.

WAR MANPOWER COMMISSION
PROCUREMENT AND ASSIGNMENT SERVICE

QUESTIONS AND ANSWERS

Q.—What are the present age limits for service in the Medical Corps of the Armed Forces?

A.—The upper limit in the Army is, in general, the 45th birthday, but for specific position vacancies men up to 60 are eligible. The limit in the Navy is, in general, the 50th birthday.

Q.—What is the present status of physical requirements?

A.—The Navy at the present time still has the highest standards, although they are lower than they were. The Army is next, and those who are physically disqualified for Army service may be eligible for commission in the United States Public Health Service.

Q.—What ranks are being offered by the services at the present time?

A.—The Army is limiting those under 38 to first lieutenancies and those about 38 and over to captaincies and above if they meet special requirements of the Surgeon General. The higher rank depends upon special qualifications. The Navy is limiting those 34 and under to lieutenancies, jr. gr., those from 34 to 38 to lieutenancies, sr. gr., and those from 38 to 44 to lieutenant commanderships. For specific position vacancies requiring special qualifications higher commissions may be offered. The Public Health Service has commissioned ranks similar to those in the Army.

Q.—What are the present needs of the services?

A.—All three branches of the Armed Forces are in immediate dire need of several thousand additional medical personnel. This immediate period of need is still urgent.

Q.—Why is the Public Health Service classed as one of the branches of the Armed Forces as far as medical officers are concerned?

A.—For many reasons, among them the fact that they supply the medical personnel for the U. S. Coast Guard. Physically qualified eligible officers are assigned by the Public Health Service for active duty with the Coast Guard and may be assigned anywhere the American flag flies.

Q.—Why have so many practitioners who are capable of serving long hours in civilian practice been disqualified for military service?

A.—The exigencies of service in combat areas are such that civilian practice is no criterion of physical qualification. The services at the present time have a full quota of those that they can accept for limited duty. They are being forced to discharge some at present. Certain individual physicians who still will be able to undertake heavy civilian duties are no longer able to cope with the needs of combat troops.

Q.—Why is it necessary for a physician to take an indoctrination course after entering the Medical Corps?

A.—The reason for this is that a physician becomes a medical officer, which means that he is at all times an officer subject to the duties of other officers of other branches of the service. He must be responsible for those under his command and must be entirely capable of meeting any situation which confronts such personnel as is under his direct supervision whether it be in open field duty requiring the setting up of field hospitals or the maintenance of food supply and shelter for his personnel, as well as a correlation of the activities of his group with the other services under the same command.

Q.—Is it true that the Armed Forces are not making efficient use of their medical personnel?

A.—There have been many occasions in the past when appearances would lead anyone to believe that they were not. At the present time efficient use is being made of such personnel, and it must always be remembered in this connection that a reserve supply of such personnel must be maintained for immediate assignment to duty. Such a group must have been trained together to meet the situations it will face immediately after assignment and cannot be gathered together at the last minute to be assigned to some specific post. Furthermore, the planning of any military campaign requires a complete line-up of all services. If reverses are suffered, such men who are held in preparation for projected positions may not be able to fill such positions and must be held for further plans. War, by its very nature, is not essentially efficient, but the lack of medical personnel in the various branches of the Armed Forces has resulted in a high increase in the efficient use of physicians.

Q.—On the basis of present ratios of physicians to individuals, which service has the greatest need at this time?

A.—The Army ratio is slightly over 5 per 1,000 whereas the Navy is somewhat under 4 per 1,000. Therefore, the Navy needs men somewhat more than the Army.

Q.—Why is any man under 38 ever classified as essential?

A.—He is only essential if he were to leave his community or his institution and there were no replacement for him. No man under 38 is, as a general rule, considered permanently essential, but only essential until he can be replaced by another physician who is not eligible for service with the Armed Forces.

Q.—Has not the civilian population been endangered by the number of physicians who have entered the Armed Forces?

A.—Not for the nation at large. There are various problems of redistribution which have been partially or completely solved and some which will be difficult to solve, but if such distribution is equitable there is no shortage at present for minimal adequate civilian care.

Q.—Will not the needs of the services continue and require that additional personnel leave civilian life?

A.—To some extent yes, but primarily the services will be able to meet their own needs for replacement from the students they are training at present. The Navy may need some additional personnel even though they are also training students. The Public Health Service will continue to have needs since they do not have any students in training.

Q.—Why do not the Armed Forces adopt the liberalization of qualifications that exist in England and elsewhere?

A.—Because it is essential that American standards be maintained for the men in the Armed Forces as well as on the home front. Comparisons with the Armed Forces of other nations are not in order any more than comparisons of physician-population ratios on the home front are with those of other nations. The mortality in the Armed Forces at the present time is astoundingly low and every effort will be made to keep it at the lowest level. This will obviously require further sacrifices on the part of those on the home front, but the Procurement and Assignment Service is constantly aware of the fact that supplies of all kinds must continue to flow to those who are on active duty and that therefore the health of the home front is as much a part of the war effort as is the health of the soldier.

Q.—What action does Selective Service take on physicians?

A.—Although local boards differ somewhat in their actions, in general, no action is taken at present on physicians or others over 38. Reclassification of those under 38 is going on constantly and dependency is not considered to the same extent as it was in the past.

PSYCHIATRIC PROBLEMS IN THE ARMY

The psychiatric problems of the armed forces are, first, the lack of psychiatrists and other trained personnel. From a long range view of not only the immediate problem but also for the tremendous postwar job, short intensive psychiatric training courses for physicians are very much in order. Our only answer to the immediate difficulty is to enlist and train assisting personnel who in any measure can aid in carrying the burden. This should include the utilization of psychologists, social workers, nurses and occupational and recreational therapists.

The second major concern confronting every physician, both in and out of the Army, is the number of psychiatric cases which the war experience has disclosed in our general population. The medical and social implications of this group are beyond our present ability to estimate.

The third major problem confronting the army psychiatrist is the rapid and most effective disposition of these maladjusted individuals in the Army. The first purpose of the Army is to win the war, and consequently these soldiers unfit for service must be given over to the care of civilian agencies and civilian physicians with the liope that they will accept the responsibility and provide treatment for these men in accordance with our most modern psychiatric concepts. — Menninger, J. A. M. A., Vol. 123, No. 12, p. 751.

ORIGINAL ARTICLES

TWENTY-FIVE YEARS OF SPINAL ANESTHESIA

(WITH A REPORT OF 1020 CONSECUTIVE CASES)

By Morris Joseph, M.D., F.A.C.S., Passaic, N. J.

INTRODUCTION

The time has long since passed when the matter of spinal anesthesia might be regarded even by our most-seasoned skeptics as experimental or even insufficiently tried. Intimate contact with this valuable agent in all types of general surgery on individuals of every age group for over a quarter of a century has prompted the writer to record his personal experiences.

The writer's interest in spinal anesthesia was first aroused by working with Drs. A. S. Boyd and C. C. Yount at the Santo Tomas Hospital in Panama City from 1915 to 1918. Boyd became interested following the work of Jonnesco. This method of anesthesia was particularly applicable in the tropics, where difficulties with inhalation anesthesia are encountered. Also the difficulty of obtaining trained experienced anesthetists during the building of the Panama Canal and after its completion, made the adoption of this procedure imperative in a large, active surgical service. Likewise the type of patient we encountered in this area made its application desirable. Altogether Boyd and Yount reported a series of 7,000 cases up to 1917.

Spinal anesthesia owes its more widespread use to such later workers as Labat, Koster, Babcock, Pitkin, and Lahey. Babcock, Koster, and Lahey in their clinics have particularly helped to popularize its use and allay the skepticism and fear which prevailed for a long period.

In earlier years the author approached cases at times with some doubt and trepidation. This was because of the age of the individual, either very young or very old, or because of the existing condition. The youngest patient, described in this series covering the past decade, was one-half hour after birth. The most aged was ninety-two.

Spinal anesthesia is having its ideal trial in this present global war. Already it is estimated that at least 20 per cent of all surgical procedures are performed under spinal anesthesia in the military services. Many large clinics have adopted it in preference to other older established types of inhalation anesthesia. This is not true, in some of our excellent teaching and university hospitals. Both the patient and surgeon often suffer because of this, to say nothing about the anesthetist and other operating room attaches. The struggle that ensues in the course of an inhalation anesthesia, particularly in obese patients, such as those with large ventral or incisional herniae, is sometimes distracting and alarming. It does not speak for the best end result for the patient, concerning the possible morbidity or mortality, particularly resulting in and from pulmonary complications.

The writer's deduction from observations was that patients under spinal anesthesia being conscious, do not permit of free discussion of the case before students and visiting doctors. It seems a sad commentary that such an item should impede the progress of scientific surgery and also impair the best end result for patient and surgeon. The anticipated features of the case could be discussed before the operation and subsequently elaborated upon after the operation is over and the patient removed from the amphitheatre.

TECHNIQUE

A very simple technique was employed at the Passaic General Hospital for more than twenty years. The patient, with very rare exceptions, is placed on his side, his body perpendicular to the edge of the operating table,

the crest of the ilium marking the space between the fourth and fifth lumbar vertebrae. This is identified by an iodine line. The entire back is then painted with tincture of iodine from the twelfth dorsal vertebra to the sacrum. In rare instances, such as very obese or old patients, the spinal needle is inserted in the sitting position but the patient is turned on the side before any injection is made.

All patients are given careful preliminary preparation. Adult patients with a systolic blood pressure of 150 or less are given one cubic centimeter of ephedrine together with ¼ grain of morphine sulphate one-half hour preoperative. Since the introduction of the barbiturates the patient is given 1½ to 3 grains the night before the operation, depending on his emotional state. This is repeated forty-five minutes prior to the scheduled operative time. The usual surgical preparation goes without saying. Preliminary sedation is vital to satisfactory spinal anesthesia as it is for any surgical case, regardless of the type of anesthesia used.

With the patient thus prepared, a sterile field is arranged by placing a towel under the patient, draping over the edge of the table. The patient is jack-knifed as much as possible and firmly held by the operating room attendant. This is important. The site for the spinal puncture and injection is selected, depending on the type of operation contemplated. For upper abdominal operations such as gall-bladder, gastric, or intestinal surgery the space between the first and second lumbar vertebrae is used; for the routine appendectomy, between the second and third; and for pelvic work the space between the third and fourth is used. For rectal work, leg amputations or any operation below the pelvis the space between the fourth and fifth is selected. In the latter group very little barbotage is necessary. The dosage varies from 50 to 200 mgm., depending on the nature of the operation.

The site of spinal puncture is first prepared by raising a wheal with novocaine, using a hypodermic needle. Then a three-inch needle introduces novocaine into the tract down through the spinal muscles and ligaments. With this area thoroughly anesthetized the spinal needle is introduced. By this time the patient should be entirely unaware of this step. With experience one becomes familiar with the snap when the spinal dura is perforated.

For many years novocaine was used for shorter cases, usually estimated beforehand not to exceed one hour. For longer cases pontocaine has been found very satisfactory, lasting as long as two and a half to three hours and longer for extra-abdominal work. In using the latter, it must be remembered that the patient should be kept flat for at least ten minutes before Trendelenburg is used. This is because of the specific gravity of pontocaine. We Trendelenburg all our spinal cases throughout the operation and maintain this position for at least twelve hours post-operatively. The patient is transferred from the operating table to a stretcher previously prepared, with a simple incline made of light pine. The patient's bed is in spinal position before transfer. This careful Trendelenburg procedure we believe has almost eliminated post-spinal headaches. In very old or very obese patients this position is only maintained for a few hours to avert postoperative pneumonia even at the expense of possible headache.

Among the setbacks in spinal anesthesia, there is still the occasional headache. With careful anticipation of what is to be done, the proper selection of the site of puncture and the dose of the drug and particularly, by rigidly following the precautions of the Trendelenburg position on the operating table, in transfer, and finally in bed for at least twelve hours following operation, this unpleasant complication can be eliminated. The nausea and vomiting has been gradually almost entirely obviated by the proper preoperative preparation, sedation and preliminary ephedrine to maintain blood pressure level. The occasional death following within fifteen minutes after administration appears to be caused by a respiratory paralysis and in practically all cases followed injection in the sitting position. It is very rare, even in very old patients with deformed and ankylosed spines that a spinal puncture cannot be performed by a man experienced in this technique, with the patient in

the side position. In this series of cases not a single spinal death occurred.

The advantages of spinal anesthesia, on the other hand, are legion. Any surgeon who has worked extensively with this and inhalation anesthesia will agree that the relaxation of the abdominal wall, with the perfect quiet of the abdominal contents, lends itself to excellent dissection and the best surgery. The lack of struggle and resistance on the part of the patient surely precludes postoperative morbidity due to hemorrhage and trauma and its resulting mortality. Particularly is this true, in the lack of pulmonary complications resulting, as contrasted with inhalation anesthesia.

Analysis of 1,020 cases reveals the following data:

TYPES OF OPERATIONS	Total No.	Percentage
1. Evisceration	2	0.2
2. Kidney (all types — suspension, nephrectomy, etc.)	6	0.6
3. Leg amputations (one double)	8	0.81
4. Cesarean (classical)	13	1.3
5. Gastric (including resections)	14	1.4
6. Colon and intestinal (including resections for cancer)	28	2.8
7. Postoperative Adhesions	31	3.1
8. Gall-bladder (all types including common duct)	41	4.1
9. Rectal (all types)	105	10.5
10. Hernia (including male genitalia)	203	20.3
11. Vaginal and Pelvic	243	24.3
12. Appendectomy	325	32.5
	1020	

COMPLICATIONS

1. Headache:
   - Slight and transient — 36 — 3.6
   - Severe—spinal — 19 — 2.

   The slight and transient headaches were at times associated with menstruation, constipation and varying other causes.

   The severe type of headache has been largely eliminated since routine ephedrine has been used and Trendelenburg position has been maintained.

2. Unsatisfactory anesthesia (including insufficient amount, due in large measure to incorrect previous estimate of operation. This has been overcome by the use of pontocaine) — 11 — 1.1
3. Pneumonia (including atelectasis and embolus) — 7 — 0.7
4. Shock (delayed after 10 hours with recovery) — 1 — 0.1
5. Meningitis (with recovery) — 1 — 0.1

POSTOPERATIVE DEATHS (no spinal deaths). Total	40	4.
1. Carcinoma (all types)	12	1.2
2. Pneumonia	3	0.3
3. Peritonitis (gangrenous or ruptured appendix)	14	1.4
4. Diabetes and Myocarditis	6	0.6
5. Shock and other conditions	5	0.5

The writer's conception of a spinal death is a respiratory paralysis brought on by a rapid overwhelming of the higher sympathetic chain, marked drop in blood pressure and cerebral anemia. This, to repeat, occurs always within fifteen minutes after injection.

It might not be amiss also to state that other agents besides pontocaine exist, for more prolonged cases, but the primary objection to some of these is the fact that it is necessary to turn the patient over on the abdomen and then returned to the prone position. This offers some very decided drawbacks in very obese patients, pregnant women, cases with large abdominal tumors and numerous other conditions. Pontocaine eliminates all these objectionable features.

Lately a great deal has been written about fractional spinal anesthesia. With the technique and procedure described above there is very little need for this, as anesthesia can be maintained for one to three hours. Only one spinal puncture is made with the immediate removal of the needle. It seems inadvisable to allow a spinal needle to remain in the canal for a prolonged period of time. Aside from the possibility of accident with the needle, studies of large series later on might reveal evidence of meningismus and meningitis. Also it is to be remembered that with the shortage of all materials at present and perhaps for some time to come, the special pad necessary for this procedure might be difficult to obtain.

INTERESTING CASES

At this point a review of a few unusual cases in this series, whose operations would have been difficult or even impossible without spinal anesthesia, are of interest.

Case No. 1.—Dr. William F. Costello of Dover, N. J., reports the following case: H. M., age twenty-seven, white female, admitted to Dover General Hospital, July 15, 1930—discharged, August 14, 1930.

History: While walking on highway at Budd Lake, N. J., was struck from behind by an automobile, tossed forward about thirty-five feet, landing on her side and was run over again by the oncoming car. On admission to the hospital, patient was in advanced state of shock, suffering from severe trauma to both legs and pelvis, multiple lacerations of her scalp and body. For several days she was in desperate condition, developed marked abdominal distension with extensive ecchymosis of the chest, abdomen, hips, back, vulva, and perineum. Besides, x-ray pictures disclosed a fracture of the left acetabulum with the head of the femur well in the pelvic cavity. There was a fracture of the rim of the right acetabulum extending almost completely around the cavity, allowing the fracture of the acetabulum and the head of the femur to trap door into the pelvis. There was a fracture of both ascending rami of the pelvis, fracture of the tibia and fibula on the right and fracture of the fibula on the left. No bladder involvement was discovered. On July 30th it was felt that her general condition had sufficiently improved to justify an attempt to replace the femoral heads. Due to the inability to place patient on her side she was placed on the Albee table, which has a slit in the center.

Treatment: Dr. Joseph administered spinal anesthesia under the table through the slit. This was very effective. With the assistance of Dr. John Adams she was placed in straight traction on Albee table and as the anesthesia took effect both legs were gradually abducted under traction until complete abduction was attained. X-rays taken showed gradual improvement in the position, and at the end of forty minutes the head of each femur had emerged from the pelvis into the acetabulum. The acetabulum floor on the left followed the head of the femur and showed reasonably good re-position. She made an uneventful convalescence and her general condition improved very rapidly after the reduction. We are convinced that the spinal anesthesia due to complete relaxation and length of anesthesia was not only the safest but most effective in this particular case. I had the opportunity of following this case for about three years. She had remarkably good range of motion and was tending her duties as an office worker, riding the subways of New York. Her x-rays showed very slight arthritis with almost complete absorption and rounding off of the spicules which extended into the pelvis. She walks with a very slight limp and is able to dance and enjoys a perfectly normal existence.

Case No. 2.—H. K., male, age 50, admitted February 12, 1938, with a diagnosis of gangrenous appendicitis and paralytic ileus. Operation was performed on admission, an acute gangrenous appendix was removed. He had a mild coryza at the time. On the third day he developed a meningitis. A diplococcus was obtained from the spinal fluid. Intra-spinal prontosil was used and the patient recovered. He was discharged, fully cured on the thirty-fifth day, January 16, 1939. It is probable that this complication, meningitis, followed in the wake of his acute head cold, as the spinal fluid at the time of the original puncture was perfectly clear.

Case No. 3—P. W., white male, age 18, admitted August 12, 1942, discharged September 5, 1942. The patient was admitted complaining of a swelling over the left lower chest which began about two months before admission, as a small nodule, but gradually grew larger, to the size of a goose egg. Aspiration revealed frank pus. X-ray study of the chest revealed clear pulmonic fields and pleural spaces. The left kidney shadow, however, revealed a huge kidney with calcified calicies. He had lost twenty-five pounds. He was not certain of any real injury but remembered faintly that he was struck over the left back while playing football several years before. There was no history of tuberculosis in the family.

Treatment: A nephrectomy was performed August 14, 1942. A large tuberculous kidney, very adherent to all surrounding tissues and the diaphragm containing numerous abscesses and many large calculi, was removed. The abscess of the left lower chest wall was an extension from a kidney abscess along the chest wall, without involving the pleural cavity.

After convalescing at the County Tuberculosis Sanitarium for six months he regained thirty pounds. No chest involvement could be found but a subphrenic abscess shadow was visible. This would break through and drain from time to time.

Second Operation. On March 5, 1943, he was operated upon for this. The twelfth rib was resected. The abscess cavity was explored and found very close to the pleural cavity. It communicated with the upper pole of the original kidney space. Sulfanilamide powder with packing was instilled. The patient is now entirely healed and recovered. General anesthesia would have been very difficult in this case.

Case No. 4.—L. M., a newborn infant, delivered on March 8, 1943, suffered with an evisceration. Spinal anesthesia was used, introducing 10 mgm. of novocaine with a hypodermic needle. Complete reduction was accomplished after evacuating the stomach of about eight ounces of thick, tarry fluid, suggesting meconium, through a nasal tube. The opening in the abdominal wall was successfully closed and the child lived for twenty-eight hours. The complete relaxation of the abdominal wall following spinal anesthesia made this closure possible.

Case No. 5—C. N., white female, age 63, very obese, weighing over 200 pounds, was admitted on March 19, 1943, with a history of sudden general abdominal cramps starting the night before admission. They were of indefinite nature. She vomited once but did not appear very ill. Her past history was entirely negative. Her bowels had moved the day previously. The pains had gotten steadily worse and she became more uncomfortable.

The physical examination was essentially negative except for the abdomen, which was very large and protruding with some general tenderness, especially marked over the left upper quadrant, with

little rigidity. Diagnosis was partial intestinal obstruction.

Treatment: Operation under 200 mgm. of pontocaine was performed on March 20. The abdomen was explored through a right rectus incision. The appendix was found thick and congested, but apparently not the cause of the trouble. It was removed. A large internal hernial sac was discovered in the left upper quadrant. This contained practically all the small intestine, which was easily extracted through a fairly large neck. There was no complete obstruction or damage to the bowel. The sac was excised and the edge sutured to the parietal peritoneum. There was no other pathology in the peritoneal cavity or pelvis.

The patient made an uneventful recovery and was discharged after three weeks, on April 9, 1943.

Case No. 6—J. L., white female, age 43, very obese, weighing 215 pounds, admitted on September 7, 1943, with a history of a very tender large nodule springing from the vein on inner side of right knee. She had been suffering with varicose veins for many years, more marked in the right leg, aggravated since birth of the last child, four years ago. Altogether she has given birth to eight children, enjoying good health except that she knew that she had been torn at childbirth and has suffered discomfort and discharge from this condition. Her menses were regular until a short time ago, when she began to bleed several times a month and sometimes with quite a gush.

Physical examination reveals a very obese young woman with good color, suffering considerable pain from the swelling of the inner side of the right knee. Her abdomen was negative, except for some tenderness over McBurney's point. The marked varicosities of both legs, particularly a tender nodule, about the size of a hickory nut on the inner side of the right knee, were the chief findings. Vaginal examination reveals second degree cystocele and a first degree rectocele with rather marked laceration of cervix; uterus enlarged and tender in left fornix.

Operation: September 8, 1943, for fibroid uterus, varicose veins, and a lacerated cervix and perineum. Pontocaine 200 mgm. was used. Through a midline incision a hysterectomy and appendectomy were done. The uterus was about twice the normal size and contained a fibroid in the fundus. The cervix was bi-valve due to an old laceration. This was repaired and an amputation was done by a modified Sturmdorf technique. Then both the cystocele and the rectocele were repaired and a double saphenous ligation was done. The entire procedure lasted four hours. The patient required no other supplementary anesthesia and had no subsequent postoperative injection. She made a very uneventful recovery with an excellent result. She was discharged from the hospital seventeen days after the operation. This case is described particularly to show the duration of operative time that can be obtained by use of pontocaine.

SUMMARY AND CONCLUSIONS

1. Spinal anesthesia can be administered much more easily and safely than general anesthesia, particularly in cases of toxicity, pulmonary complications, etc.

2. It is far more economical and less complicated in its application.

3. The morbidity and mortality are far lower than in general anesthesia.

4. The perfect relaxation of abdominal muscles and contents makes for better surgery.

5. Shorter hospital stay, less nursing care and shorter convalescence.

For these reasons it is felt that spinal anesthesia should be used more extensively in civil surgery, as its scope becomes ever wider in military surgery.

The writer wishes to take this opportunity to express his appreciation for all those on the staff who collaborated in the operations as well as in compiling the above data.

BIBLIOGRAPHY

1. Boyd, A. S., and Yount, C. C.: J. A. M. A., 1917, lxvlll, 601.
2. C. C. Yount: Volume 25—S. G., 1917.
3. Donaghy, G. E.: Mil. Surgeon, 86:577, June 1940.
4. Pender, J. W., and Lundy, J. S.: War Medicine, March 1942.
5. Lake, N. C.: Lancet, 235:241, July 30, 1938.
6. Lemmon, W. J., and Paschal, G. W., Jr.: S. G. and O., 74:948, May 1942.
7. Shull, J. C., and Manning, E. P.: New England Journal of Medicine, 224:271, February 1940.
8. Barrie, H. J.: Lancet, 240:242, February 1941.
9. Winthrop: Clinical Excerpts, 1941, Vol. 15, No. 5, 151:148; 1942, Vol. 16, No. 6, 185:189.

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DOCTORS AND THE GOVERNMENT

On page 1120, J. A. M. A. for December 25th, there is an editorial, and on page 1125 of the same Journal there is an article re: the Washington Conference of December 10-11, 1943, on Emergency, Maternity and Infant Care of Families of Men in Service. This was a distinct advance for the Medical Profession, as stated in the editorial, "the recognition of *official representatives* of leading Medical Organizations is a new principle for this government agency".

MÉNIÈRE'S SYNDROME, MIGRAINE AND CERTAIN RELATED CONDITIONS *

By Miles Atkinson, M.D., F.R.C.S.

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The problem of the causation of Ménière's syndrome has been the subject of much investigation in recent years, as has been also that of the causation of migraine. Because I believe that the two syndromes are identical in their mechanism and closely allied in their causation, I shall try in this paper to show cause for my belief. I propose also to point out briefly certain other conditions which are not uncommonly associated with one or the other or both, and to examine the question whether it is not possible to find some common ground for them all.

MÉNIÈRE'S SYNDROME

Ménière's classical description of the syndrome which bears his name was of sudden and recurring attacks of vertigo associated with deafness and tinnitus. This syndrome is in effect the syndrome of the labyrinth, since only in the inner ear can be found a site of origin which will include both the cochlear and vestibular manifestations, and only when both manifestations are present may the diagnosis legitimately be made. It is with such cases alone that the present paper deals, and with that group of cases which presents no demonstrable cause for the symptoms; in short, with Ménière attacks which may be called idiopathic.

Ménière himself attributed the cause of the attacks to hemorrhage into the labyrinth, on the basis of one autopsy. That theory, which still crops up from time to time, must finally be discarded. Hemorrhage into the labyrinth, as we now know, causes death of the labyrinth, and after the initial extreme vertigo no further attacks take place. The characteristic of true Ménière attacks is their recurrence.

More recently, Mygind and Dederding [13] have postulated a disturbance of water balance as the causative factor; Furstenberg [5] has postulated an excess of the Na ion; Talbott and Brown [17] an insufficiency of the K ion to be the factor at fault. All these observers have recorded series of cases to demonstrate their contention, but treatment along the lines suggested by each of them has proved less satisfactory in other hands than in those of their progenitors.

My own view is that the mechanism of the attacks is to be found in a vascular dysfunction, the actual cause of which is still to be discovered. It may well be that later the observations mentioned above will be found to tie in with this hypothesis.

The Vascular Hypothesis. Briefly put, the vascular hypothesis demands the recognition of two groups of Ménière patients, one due to a primary vasodilation, the other to a primary vasoconstriction. The two are distinguished by their reaction to an intradermal test with histamine. (Fig. 1.)

THE DUAL MECHANISM IN MÉNIÈRE'S SYNDROME

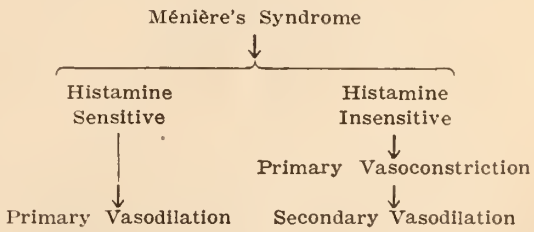
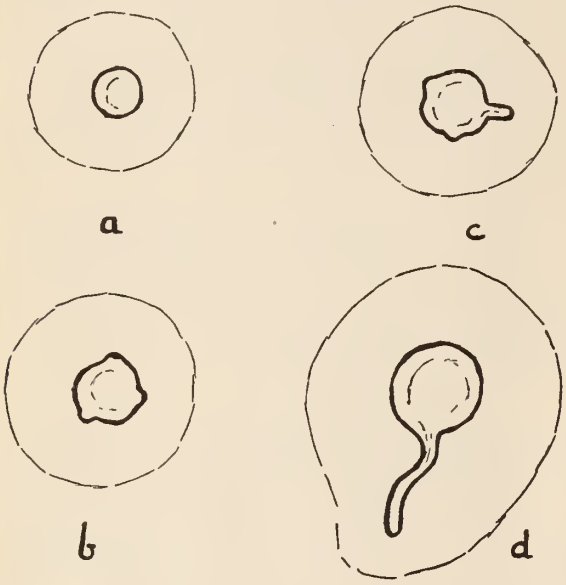


Figure 1

If an injection of 0.005 mgm. of histamine base is made into the skin of the volar surface of the forearm, the normal subject responds with a circular wheal one-quarter inch to one-third inch in diameter and a surrounding flare of one inch to one and one-half inches, a response which is fully developed in five minutes, begins to fade after 10 minutes and has practically disappeared in 20 minutes. The his-

* Read before the Academy of Medicine of Northern New Jersey, February 18th, 1943.

tamine-sensitive subject, on the other hand, shows a larger wheal one-half inch or more in diameter, a flare of one and one-half inch to two inches and one or more long trailing pseudopods, a reaction which is fully developed in five minutes, lasts for 15 minutes to 20 minutes and is still present though fading at the end of 30 minutes. (Fig. 2.)



HISTAMINE SKIN TEST

Intradermal injection into volar surface of forearm of .005 mgm. histamine base.

a & b = negative reactions
c = doubtful reaction
d = positive reaction

FIGURE 2

For the theoretical background to this test, and the reasoning which makes the two groups which it produces, fit into the single pathological picture of dilatation of the endolymphatic spaces demonstrated by Hallpike[7,8] and Lindsay,[12] I must refer to a previous paper.[1] Of its validity I have no doubt.

If vasodilator drugs are administered to patients in the histamine-sensitive or primary vasodilator group, a procedure calculated to increase their vascular fault, attacks or near-attacks can be precipitated and their condition will be made worse. Vasoconstrictor drugs, on the contrary, abolish attacks and improve the condition. The reverse applies to members of the other group, the histamine-insensitive or primary vasoconstrictor group—vasoconstrictor drugs precipitate attacks, vasodilator drugs abolish them. The clinical history and the results of treatment bear out this contention.

The Primary Vasodilator Group. This is the smaller of the two groups, comprising about one in five or less of all idiopathic cases. (Fig. 3.)

PROPORTION OF PATIENTS WITH MÉNIÈRE'S SYNDROME WHO WERE SENSITIVE TO HISTAMINE TO THOSE WHO WERE INSENSITIVE TO THE DRUG

Histamine-sensitive (primary vasodilatation)		20
Males	5	
Females	15	
Histamine-insensitive (primary vasoconstriction)		88
Males	46	
Females	42	
Total		108

FIGURE 3

The postulate, which is supported by experimental evidence,[1] is that in this group the cause of the attacks is due to dilatation of the capillaries of the stria vascularis, an increased permeability of their walls and a consequent over-production of endolymph. This excess of endolymph damps down the function of both cochlea and vestibule, and when the increased pressure in the inner ear attains a pitch above the possibility of compensation, an attack of vertigo occurs.

The clinical history tends to support this postulate. Many of these patients give a story of a gradual building up to an attack, which they can foretell some hours or even a day or more before it takes place. After the attack they feel better and their hearing improves.

The treatment of this group is by desensitization to histamine, and has proved very satisfactory, so satisfactory indeed that I have come to regard the placing of patients in this group as a prognosis as much as a diagnosis. So far there have been no failures in this

group, and all cases have been carefully followed over periods up to two years (Fig. 4).

ANALYSIS OF CASES OF MÉNIÈRE'S SYNDROME

Total number of cases 108
Cases available for analysis 63

	Sensitive to Histamine	Insensitive to Histamine
Relief	12	20
Improvement	1	25
Relapse	1	4
	14	49

FIGURE 4

Desensitization can be undertaken by two methods, the rapid intravenous method of Alexander as used by Shelden and Horton,[15] or the slow method such as is used when administering a vaccine. I have no personal experience of the former, being rather afraid of it. Some patients react violently and frighteningly to histamine in large doses and there have been reported cases of sudden collapse and death. I regard it as a dangerous drug, to be used, like other dangerous drugs, with care and circumspection. I have therefore always used the slow method.

The slow method consists in starting with the same dose of histamine subcutaneously as was used for the intradermal test and working it up by gradual increases to the limit of tolerance. This I have found to be 0.5 mgm. of the base as a maximum and often less. Injections are given twice a week, and, once maximum tolerance is reached, weekly for a further four weeks. A second and even a third course after intervals of six months to a year is usually necessary. These subsequent courses can usually be shorter than the original course because the dose can be increased more rapidly.

The Primary Vasoconstrictor Group. The remaining four-fifths of the idiopathic cases fall into this group (Fig. 3). Here the postulate, also experimentally confirmed,[1] is of a sudden vasospasm which produces a temporary anoxaemia of cochlea and vestibule with consequent diminution or loss of function.

Again the postulate is borne out clinically by the suddenness of the attacks in this group. They come very often without warning out of a clear sky, and may even throw the victim incontinently and incontinent to the ground. Sometimes there is a short warning of increase of tinnitus, the cochlea being a more sensitive end-organ than the phylogenetically older vestibule. Moreover, recovery is less rapid than in the vasodilator group, there being an aftermath of unsteadiness for hours or even days. This aftermath is presumably due to a secondary vasodilation such as occurs in Raynaud's disease, which is an entirely comparable condition. This secondary vasodilation, or rather the increased capillary permeability resulting from the temporary anoxaemia caused by the vasoconstriction, damps down function as in the primary vasodilator group, causes the aftermath of unsteadiness and increased deafness, and produces the same pathological picture of dilatation of the endolymphatic spaces.

The treatment in this group is by vasodilator drugs. The most satisfactory in my hands has proved to be nicotinic acid. It can be given over long periods of time, has no cumulative effect and no unpleasant side-effects from sudden fall in blood pressure. The most important point to be remembered in its administration is that the dosage is highly individual—what is adequate for one patient is too much for another and insufficient for a third. Each patient, therefore, is an experiment in titration, the clinical end-point of which is the flush reaction. The aim is a moderate flush lasting 10 to 20 minutes. Overdose is indicated by frontal headache, gastrointestinal distress and hot flushes.

The aim of treatment is to prevent the occurrence of attacks by overcoming the tendency to vasospasm, not to stop the attack in being, though often an incipient attack can be prevented. Therefore treatment must be continued over long periods of time—months and even years. In the early stages, the patient must be worked up to the limit of individual tolerance, maintained at this level for a time which depends upon response to treatment, and then gradually reduced to a maintenance level. From time to time increase of dosage

will be required temporarily as indicated by a threatened recurrence of attacks, an increase which can be reduced again as stability returns.

It must be realized by the physician and emphasized to the patient that no immediate and miraculous cure can be envisaged. Progress is slow, relapses must be expected and only gradually can control be obtained. In other words, attacks are not immediately abolished, but become less and less severe and more and more widely spaced until eventually in the successful case they cease.

As to method, my own practice in the administration of nicotinic acid is to give an initial intramuscular dose of 30 mgms. and observe the reaction. Using this as a baseline, I shift to intravenous injection and give six or eight of these twice or thrice weekly, increasing the initial dose by 5 mgms. at a time to an average of 50 mgms. intravenously. Some will take less, some again much more. At the same time the patient takes tablets by mouth daily, 50 to 150 mgms. as the reaction indicates. Then he graduates to daily intramuscular injections which he is taught to give to himself into the thigh. After a month or more these are diminished to three or two weekly, the patient all the time taking medication by mouth until eventually oral medication alone is relied upon. Relapses, or indication of relapses, demand a temporary return to injections. Thus each case is, as I have said, an individual experiment in titration.

Results. With this regime, a fair proportion of successes has been obtained (Fig. 4), but I would emphasize again that no immediate cure is to be expected. Moreover, success cannot be ensured. There are patients who, after an initial and dramatic improvement, relapse and become entirely resistant to the effect of nicotinic acid. The number is small, but I cannot give exact figures at this time.

In short, nicotinic acid is not the final answer, though it seems to be a reasonable stepping stone to it. Not until the cause or causes of vasospasm are determined shall we know the most suitable treatment for each case.

Importance of Accurate Grouping. The importance of accurate grouping as described cannot be overstressed, as I have pointed out elsewhere.[1, 2] A case belonging to the histamine-sensitive or primary vasodilator group treated with a vasodilator drug such as nicotinic acid will assuredly be made worse. Attacks will be precipitated, attacks sometimes of considerable severity.

Equally cases belonging to the primary vasoconstrictor group treated with histamine will also deteriorate, though not so dramatically. Indeed frequently and unfortunately they may at first show improvement by virtue of the vasodilator action of histamine, as Shelden and Horton demonstrated.[15] Regrettably these observers, impressed by the immediate and dramatic effects of histamine administration, reported their observations before they had followed them over a sufficient period of time, with the result that histamine in the treatment of Ménière's syndrome gained a wide reputation which it deserves only in part. In the small group of histamine-sensitive cases the results of histamine desensitization are excellent; in the much larger group of histamine-insensitive cases, the immediate improvement is followed by relapse and, worse still, by a resistance to vasodilator therapy which it takes much time and careful treatment to overcome. I should like here to reiterate the warning given in another paper [2] against the indiscriminate use of histamine in cases of paroxysmal vertigo, as much as I would warn against the indiscriminate use of nicotinic acid. Either may result in disappointment to the doctor and distress to the patient. The rationale of both methods must be appreciated if any measure of success is to be obtained.

Eighth Nerve Section. I would like here to interject yet one other note of warning. The advocates of operative intervention have painted too rosy a picture. Operation is no more the final answer to the treatment of Ménière's syndrome than is histamine or nicotinic acid or potassium chloride or a salt-free diet. It has its successes, particularly I think in the older group. It has also its failures, and some of these are lamentable. This is to be expected. The cause of Ménière's syndrome is a general cause and produces a generalized disturbance. The ear is only the locus of its major manifestation. To divide the vestibular

nerve is merely to cut the telephone wire, it does not stop the voice speaking. In many cases the attacks continue after operation, though now without the concomitant vertigo, and the deafness and tinnitus continue and even increase. In not a few cases in my experience and in that of others, the last stage of that patient has been worse than the first. Operation must be the last and not the first resource, to be undertaken only after a very careful review of all the circumstances. To say, as has been said, that operation is the only treatment for Ménière's syndrome, is misleading to the profession and unfair to the patient. In these days when medical information is broadcast in the lay press, it is more than ever the physician's duty to weigh his words with care.

II. MIGRAINE

In discussing the subject of migraine, it is important to have a precise definition. The term migraine is too often used loosely to cover a multitude of headaches. Russell Brain [4] defines migraine concisely as "a paroxysmal disorder characterized in its fully developed form by visual hallucinations and other disturbances of cerebral function associated with headache and vomiting". When I speak of migraine, therefore, I refer to headache of that pattern, though I have not insisted upon the fully developed form with disturbances of cerebral function other than visual.

The Dual Mechanism in Migraine

As in Ménière's syndrome, so in migraine, there is a dual mechanism (Fig. 5). Years ago du Bois Reymond spoke of "red" and "white" migraine, a division into two groups which has received added weight in recent years by the work respectively of Kennedy and of Wolff. The former has shown the allergic basis of certain cases of migraine, postulating a focal edema of the brain as the cause of the migraine manifestations.[10] The latter has demonstrated that in another group the scotoma is due to a vasospasm, the subsequent headache to a secondary vasodilation.[18]

Here, then, is the same dual mechanism at work as in the case of Ménière's syndrome, in the one instance a primary vasodilation or focal edema, in the other a primary vasoconstriction followed by a secondary vasodilation. The only difference is the point of impact, labyrinth or occipital lobe. From the point of view of vascular supply, the two regions are not so far separated. The blood supply to the occipital lobes comes from the posterior cerebral arteries, the terminal branches of the basilar artery; that to the inner ear from the internal auditory artery which is a branch of the basilar artery immediately posterior.

THE DUAL MECHANISM IN MIGRAINE

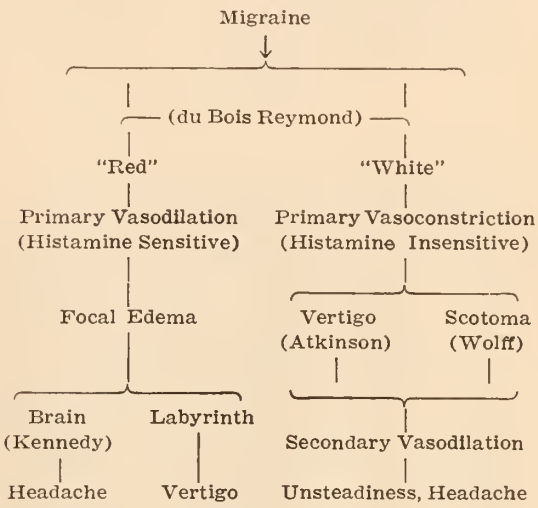


FIGURE 5

My own view is that the two syndromes are identical save for the point of impact, that migraine is Ménière's syndrome in the brain, Ménière's syndrome no other than migraine in the ear.

The Relationship Between Migraine and Ménière's Syndrome

This concept of a relationship between migraine and Ménière attacks is not a new one. Ménière himself observed it, Symonds discusses it.[16] The concept would receive additional support if the two syndromes could be shown to occur concurrently. This in fact they do. Migraine accompanies Ménière's syndrome in a significant number of cases in both groups.

Headache is a frequent concomitant of Ménière's syndrome, sometimes classical mi-

graine, sometimes a lesser variant of it, sometimes head pain which bears no evident relationship to migraine. I have found the symptom in 64 out of 108 Ménière cases, in 22 of which the type of headache conformed to the classical pattern of migraine (Fig. 6).

NUMBERS IN PRESENT SERIES

TOTAL MÉNIÈRE CASES	108
Vasodilator Group	20
Vasoconstrictor Group	88
CASES WITH MIGRAINE	22
Vasodilator Group	10
Vasoconstrictor Group	12
CASES WITH NON-SPECIFIC HEADACHE	42
Vasodilator Group	6
Vasoconstrictor Group	36
CASES WITHOUT HEADACHE	44

FIGURE 6

1. *Histamine-Sensitive Cases*

In this group the headache *precedes* the attack and serves as an aura. It may start as much as 24 hours before and is, at any rate at first, unilateral on the side of the deafer ear. Gradually the headache increases in intensity until it becomes an intense, bursting pain of great severity, which, when it reaches its apogee, explodes like a rocket in the stars of a dizzy attack. Vertigo may be severe for a time, then gradually subsides and disappears. At the height of the attack the patient usually vomits, feels completely exhausted and finally sleeps and is at peace. Is that the description of an attack of migraine or is it a Ménière attack? It might equally well serve for either, and I believe it does. The neurologist sees those patients in whom headache overshadows dizziness; the otologist those in whom the reverse occurs. Where both symptoms are prominent, the two fight over the body.

Attacks of this nature, where headache immediately precedes dizziness, I have found to be confined to histamine-sensitive cases. The attack is of primary vasodilator origin, as regards both headache and dizziness, and both symptoms subside rapidly under histamine desensitization. I suggest that this is the type of headache of which Kennedy speaks as being caused by a focal edema of the brain, and that when labyrinth phenomena are associated with it, they also are due to a local edema. Occasionally this edema is more widespread and affects most or all of the structures on one side of the head, skin and mucous membrane as well as nerve structures—Quincke's edema. In this group too would appear to belong that vasodilator type of headache described by Horton and his co-workers[9] under the name of "erythromelalgia of the head", or more colloquially, histamine headache, though I personally have not seen a patient presenting the clear-cut picture which Horton describes.

RESULTS OF TREATMENT ON MIGRAINE

A. ASSOCIATED WITH MÉNIÈRE'S SYNDROME

	No Treatment	No Change	Improved	Relieved	Total
Vasodilator Group	5	0	1	4	10
Vasoconstrictor Group	5	0	4	3	12

B. NOT ASSOCIATED WITH MÉNIÈRE'S SYNDROME

	No Treatment	No Change	Improved	Relieved	Total
Vasodilator Group	0	0	0	0	0
Vasoconstrictor Group	0	3	12	6	21

FIGURE 7

The results of therapy are consistent with these findings (Fig. 7). In 10 out of 20 histamine-sensitive Ménière patients, headache of this nature has been present. Five did not return to clinic, leaving five who have been treated, all by histamine desensitization. All have been relieved. As with dizziness, the results of treatment on the headache in this group have been most encouraging. It is often the patient's first remark: "My headaches are so much better." But again as with dizziness, make a mistake, use dilator drugs in this group, and headache and dizziness are made worse and hearing falls off markedly. I have had no instance of a patient sensitive to histamine suffering from migraine alone. That may be because, as one who is primarily an otologist, I tend to see patients who are dizzy rather than patients with headache alone.

2. *Histamine-Insensitive Cases*

Passing now to the second group of Ménière patients, the histamine-insensitive or the pri-

mary vasoconstrictor group, the picture is rather different. Here headache, predominantly or entirely unilateral and on the deafer side, succeeds instead of precedes the attack, just as in classical migraine the headache succeeds the scotoma. Now Wolff and his collaborators have shown that the scotoma is a vasospastic phenomenon, while the succeeding headache is a vasodilator one, and I have shown that the vertigo of Ménière in this group is also vasoconstrictor. Here, then, is an exact parallel between Ménière attacks and migraine attacks. The only difference is, I repeat, the point of impact. In migraine the vasospasm is in the vessels of the occipital lobe and produces a visual disturbance; in Ménière's syndrome it is on the vessels of the labyrinth and produces a disturbance of equilibrium.

Atypical Headache

Another kind of headache which appears in association with Ménière attacks is also a paroxysmal and unilateral headache of varying severity, but lacking some of the earmarks of true migraine and in particular the prodromata. Though this variety of headache may be, and often is, associated chronologically with a dizzy attack, usually of minor nature, it may also occur quite independently of dizziness. It is that type of headache which is often referred to loosely as "migrainous" or "tension" headache, or by the layman as "one of my filthy heads". I suggest that what this means in terms of mechanism is that the initial spasm has been submaximal, insufficient to produce obvious vasospastic phenomena like scotoma or vertigo, but that it is in fact different from true migraine only in degree and possesses the same fundamental mechanism. It is an admirable example of how the secondary vasodilator element can steal the show and overshadow the fundamental vasoconstrictor element. In short, I suggest that the degree of secondary headache, i. e., vasodilation, depends upon the degree of primary vasospasm. Ring the changes on the vasospasm and you can have anything you like from a full-dress performance with colored lights to "a bit of a headache".

Migraine Leading to Ménière Attacks.

I have spoken above of migraine headache in association with Ménière attacks as evidence of an identical vascular mechanism. An additional piece of evidence is the fact that in not a few instances migraine in early life is replaced by Ménière attacks in middle age. "My headaches got less when my dizzy spells started." The explanation, I suggest, is that age and repeated impact has so diminished the resilience of the vessels that the secondary vasodilation gradually ceases to take place. All that happens is the spasm, and this more markedly in the internal auditory artery because of its smaller calibre as compared with the posterior cerebral. It is an old clinical observation that patients tend to "grow out" of their headaches. It is not so well appreciated that they may also grow into something else, such as Ménière attacks or hypertension (Gardiner et alia).[6] The above may be the explanation. For a fuller discussion of this matter, reference must be made to another paper.[3]

If this view of the mechanism of migraine as primarily a vasospastic phenomenon is correct, the treatment of migraine headache by vasoconstrictor drugs such as ergotamine tartrate is a mistaken kindness. The logical treatment would be vasodilator, not vasoconstrictor. Therefore, although the immediate results of ergotamine in relieving the vasodilator headache are in many cases dramatic, the vasoconstrictor action to which it owes its success might be expected to accentuate the primary process by which the attack is produced, the vasospasm. This does happen. More than one migraine sufferer has volunteered that the continued use of ergotamine seems to have increased the frequency and severity of the headache, though she or he continues to use it for the immediate relief it affords. The effect of ergotamine in migraine is purely temporary, and may be deleterious. Its prolonged use has been known to produce vasospastic manifestations in the limbs. To use it, as is sometimes done, with the idea that it will serve as a preventive of attacks, is quite unjustifiable.

The results of therapy in this vasoconstrictor group have been consistent with the view I have expressed (Fig. 7). Of 88 Ménière pa-

tients in this group, 12 have had associated classical migraine. Seven of these have been treated on purely vasodilator lines with nicotinic acid. They have received no ergotamine or other vasoconstrictor drug. The relief from headache has been just as satisfactory as the improvement in vertigo already discussed. Three have been completely relieved over periods varying from 18 months to two and one-half years, four have been so greatly improved that their occasional mild headaches do not bother them.

As regards cases of pure migraine without vertigo in this vasoconstrictor group of 21 patients treated on these same lines, three have been failures, 12 have been markedly improved and six have been entirely relieved of headaches over periods varying from six months to two years.

Adding the two series of results together, 28 cases of migraine headache have been treated on vasodilator lines with three failures. Sixteen of these have shown marked improvement and nine complete relief up to the time of writing (December, 1942).

Conclusion

In migraine, then, as in Ménière's syndrome, there is evidence of a dual mechanism, a primary vasodilator and a primary vasoconstrictor. What determines this vascular disturbance or the site of its manifestation are matters of fundamental importance which still have to be discovered. However, now that the mechanism of the attacks is known, the way may be easier for discovering the factors which put it into action.

III. RELATED CONDITIONS

There are certain other conditions, some of them common enough and all of them of similarly unknown causation, which occur with some frequency in association with one or other or both of the syndromes under discussion. I have as yet insufficient statistical evidence to be prepared to relate them definitely, and will therefore discuss them only briefly, bringing them forward merely from the point of view of clinical interest and in some instances of therapeutic response. I suggest, however, that the mechanism in each is a vascular disturbance.

Epilepsy. A relationship between migraine and epilepsy has been shown by Lennox and von Storch [11] and is well recognized by neurologists in practice. The relationship between migraine and Ménière's syndrome has just been discussed. While it is not logically permissible to deduce from these two postulates the conclusion that therefore Ménière's disease and epilepsy are related, nevertheless such may be the case, and it may be that in these three paroxysmal disorders we have a trinity which owns a similar, perhaps even an identical, basic cause. The following observations tend to support such a view.

In the first place, there is a considerable likeness in symptomatology between idiopathic epilepsy and Ménière's syndrome. In the latter, frequent momentary attacks of unsteadiness which last only a second or two are very common. Such minor attacks may be interspersed between major ones, or a series of them may lead up to a full-fledged Ménière attack. Or again, minor may be gradually replaced by major. Some patients, usually those whose attacks are severe, have from time to time a seizure of a different type, one which strikes them like a sledge-hammer so that they fall to the ground or may be knocked out of a chair, a veritable falling sickness, even in rare instances with actual loss of consciousness. Now I am well aware of the danger of attempting to draw conclusions as to causation from a superficial similarity of symptomatology, but it must be admitted that the likeness of such attacks to petit mal and grand mal is close.

There is also a likeness on the biochemical side. In the first section of this paper, the work of Mygind and Dederding on water metabolism in Ménière patients, of Furstenberg and of Talbott and Brown on alterations in electrolyte balance have already been mentioned. These methods have achieved some measure of success and have more than a theoretical basis—and they must sound very familiar to those accustomed to deal with epileptics.

On the clinical side, a case which I have recently seen is particularly cogent. A man of

some 30 years of age has suffered from severe migraine since boyhood. For almost the same period he has suffered from variable tinnitus, and, though not consciously deaf, he notices an occasional "veiling" of one ear and his audiogram shows a considerable notch in the high tones at the level of his tinnitus. In the last three years or so he has had frequent momentary spells of vertigo, some more definite than others, and lately increasing in frequency and severity. More recently still, he has experienced attacks which he recognizes as quite different from the others. In these he feels as though he were in some other place in a sort of dream state, a type of experience not uncommonly associated with epilepsy. Here then in one patient we have migraine merging into Ménière's syndrome and going on to something else which is accepted as an epileptic type of experience. I have another such case. Symonds [16] also records two similar cases and his own belief that the three conditions are closely related.

Finally on the experimental side. Four known epileptics who had already been studied at the New York State Psychiatric Institute,* so that their histories, reactions, electroencephalograms were known, were chosen at random—or rather because they happened at that moment to be in the hospital. Histamine skin tests were performed on all four and by sheer good fortune, while three were negative, one was positive. Two groups of experiments were then made.

In the first group, to each of the four patients was given an intravenous injection of 0.5 c.c. of adrenalin 1:10,000, an electroencephalogram being taken before and after. The results were instructive. In the three histamine-insensitive cases, within 60 seconds of receiving the intravenous adrenalin there was a marked reaction—pallor of face and hands, pain in chest, definite distress, a reaction which subsided in the course of a few minutes. In two cases there was a rapid and marked abnormality produced in the brain waves, while in the third, although some change was noticeable, the result was indefinite. In one patient (A. S.) clonic movements in the foot seemed to presage an attack which unfortunately did not materialize. In the histamine-sensitive patient, the effect was precisely the reverse. Adrenalin produced very little visible reaction, absolutely no distress, and actual improvement in brain waves.

In the second group of experiments, an intravenous injection of nicotinic acid, 50 mgms., was given to each of the same four patients, and again the electro-encephalogram was taken before and after. In this case precisely the reverse effect was obtained. While the brain wave records of the three histamine-insensitive patients were unchanged or slightly improved, that of the histamine-sensitive patient was markedly worsened and he himself was made uncomfortable and apprehensive. It is of interest, too, that this patient's attack was always preceded for some 24 hours by headache which increased in severity until it culminated in an attack, precisely as headache precedes a Ménière attack in those Ménière patients who also are histamine-sensitive.

A fifth patient, also histamine-sensitive, whose brain waves unfortunately are not available, had attacks with some unusual characteristics. They were relatively minor, but frequent and in batches, and in the course of them she developed a patchy erythema of the skin, always in the same distribution over face and chest, with involuntary crying. On three occasions a typical attack was produced by an injection of histamine. She was known to be sensitive to eggs and tomatoes.

These observations, few as they are, nevertheless seem to point to a dual mechanism in epilepsy closely comparable to, if not identical with, that which prevails in migraine and Ménière. I regret that I cannot offer any results of treatment in this condition to back these observations, but if the results of treatment on these dual lines in the other two conditions are any criterion, some success might reasonably be expected here also.

Atypical Facial Pain. Pain in the face, unilateral or bilateral and of indeterminate character, is a very common complaint. It may occur alone, when it is commonly called neu-

* I am greatly indebted to Dr. Eugene Barrera for permission to study these patients, and to Mr. Walter Rahm for taking and interpreting the electro-encephalograms.

ralgia. It may be part of a complete unilateral headache, when it is called migraine. It may be associated with stuffiness of the nose and post-nasal drip, when it is called "sinus", and this is perhaps its commonest denomination.

Inspection of the nose in these cases shows, not a swollen, boggy mucosa, but one that is red, dry and constricted. There is an adequate airway despite the sensation of stuffiness. The sinuses light up well, often unduly well, on transillumination and are clear in a skiagram. Sometimes these patients are subject to paroxysmal sneezing which leads to a diagnosis of vasomotor rhinorrhoea and they are investigated on allergic lines, despite the appearance of the nasal mucosa.

In consequence of this diagnosis of sinus headache or vasomotor rhinorrhoea, these patients are frequently treated with vasoconstrictor drugs or argyrol packs or given injections of extracts of house dust and the like. Such treatment in these cases does no good and often does harm, and they then lapse into the category of chronic "sinus" sufferers who wander from physician to physician in search of relief. Treatment on general vasodilator lines, with bland applications to their insulted nasal mucosa and phenobarbital for their apprehension will often work wonders. Phenobarbital is an indispensable drug in these vasospastic conditions.

Coronary Spasm. Several of my patients with Ménière's syndrome have suffered previous attacks of another nature which have been diagnosed by competent cardiologists as coronary attacks, but have shown normal electrocardiograms. Presumably these attacks have been due to coronary spasm. No more of them have been experienced after the patients have been put on a vasodilator regime for their Ménière attacks. I do not wish to draw large conclusions from this observation; I merely make it. However, a recent paper by Neuwahl [14] on the beneficial effect of nicotinic acid in angina pectoris may be significant.

Gall-Bladder Disease. Many a patient in whom the ultimate diagnosis was migraine or Ménière's syndrome has been suspected of abdominal disease, usually gall-bladder, sometimes gastric ulcer or appendix. Indeed, the patient will often mislead the physician by insisting on his abdominal symptoms and failing to mention the others. Not a few have been subjected to abdominal exploration and often a normal organ has been found; or where abdominal disease is found, again the most usual is gall-stones. But removal of the gall-bladder does not always remove the symptoms—the attacks continue. It is difficult to avoid the conclusion that the metabolic disturbance which produces the gall-stones may also provide the stimulus for the vascular spasm which causes the attacks of migraine or vertigo.

CONCLUSION

The view that vascular disturbances are behind the production of what may be called the chronic paroxysmal disorders is one that is gaining more and more credence. The primarily vasodilator mechanism of allergic manifestations, for instance, is generally accepted. The primarily vasoconstrictor mechanism of many other chronic diseases has not as yet received such general acceptance, yet there is much evidence in favor of such a view. This paper attempts to add weight to it. If it is acceptable, the next task will be to discover the factors, for there are certainly more than one, which lead to the vasospasm.

SUMMARY

1. It has been shown:

a. That Ménière attacks own a dual vascular mechanism;

b. That migraine attacks are produced by an identical dual mechanism;

c. That the two conditions can occur concurrently or merge the one into the other.

2. The view is put forward that the two syndromes are merely manifestations in different situations of the same basic fault.

3. Observations have been described which suggest that idiopathic epilepsy may tie in with the other two syndromes to form a trinity owning the same fundamental causes.

4. A primary vasoconstrictor mechanism is shown to be much more common than a primary vasodilator.

5. Certain conditions concomitant with migraine and Ménière's syndrome have been briefly discussed, the vasoconstrictor basis of which is known or suggested.

REFERENCES

1. Atkinson, M.: Observations on the Etiology and Treatment of Ménière's Syndrome. J. A. M. A., **116**, 1753 (April 19), 1941.
2. Atkinson, M.: Histamine in the Treatment of Ménière's Syndrome—An Appraisal. J. A. M. A., **119**, 4, (May 2), 1942.
3. Atkinson, M.: Ménière's Syndrome and Migraine; Observations on a Common Causal Relationship. Annals of Int. Med., **18**, 797 (May) 1943.
4. Brain, W. R.: Diseases of the Nervous System. London: Oxford University Press, 1933.
5. Furstenberg, A. C.: Ménière's Symptom Complex. Medical Treatment. Ann. Otol. Rhin. and Laryng., **43**, 1035, 1934.
6. Gardiner, J. W.; Mountain, G. E.; Hines, E. A.: The Relationship of Migraine to Hypertension and to Hypertension Headaches. Am. J. Med. Sc., **200**, 50 (July), 1940.
7. Hallpike, C. S.; Cairns, H.: Observations on the Pathology of Ménière's Syndrome. Proc. Roy. Soc. Med., **31**, 1317 (Sept.), 1938.
8. Hallpike, C. S.; Wright, A. J.: On the Histological Changes in the Temporal Bones of a Case of Ménière's Disease. Proc. Roy. Soc. Med. **32**, 1647 (Oct.), 1939.
9. Horton, B. T.; MacLean, A. R., and Craig, W. McK.: A New Syndrome of Vascular Headache: Results of Treatment with Histamine: Preliminary Report. Proc. Staff Meet. Mayo Clinic, **14**, 256 (April 26), 1939.
10. Kennedy, F.: Migraine—A Symptom of Focal Brain Edema. N. Y. State Journal of Medicine, Nov. 1, 1933.
11. Lennox, W. G., and v. Storch, T. J. C.: Individual and Familial Coincidence of Migraine and Epilepsy. Trans. Am. Neurol. Ass. **64**, 215, 1938.
12. Lindsay, J. R.: Labyrinthine Dropsy and Ménière's Disease. Arch. Otolaryng., **35**, 853 (June), 1942.
13. Dederding, D.: Clinical and Experimental Examinations in Patients Suffering from Mb. Ménièri. Acta Otolaryng. Supps. 10 & 11, 1929.
14. Neuwahl, F. J.: Nicotinic Acid in Treatment of Angina Pectoris. Lancet, **2**, 413 (Oct. 10), 1942.
15. Shelden, C. H., and Horton, B. T.: Treatment of Ménière's Disease with Histamine Administered Intravenously. Proc. Staff Meet. Mayo Clinic, **15**, 17 (Jan. 10), 1940.
16. Symonds, C. P.: The Clinical Significance of Vertigo. Lancet, **2**, 939 (Oct. 28), 1933.
17. Talbott. J. H., and Brown, M. R.: Ménière's Syndrome. Acid-Base Constituents of the Blood. Treatment with Potassuim Chloride. J. A. M. A., **114**, 125 (Jan. 13), 1940.
18. Wolff, H. G.; Cahan, A. M., & Schumacher, G. A.: Studies of Migraine: The Contrast of Vascular Mechanism in Headache, and Pre-headache Phenomena. Proc. Am. Neur. Ass. 66th Annual Meeting, June 6-9, 1940.

EFFECTS OF ULTRAVIOLET IRRADIATION ON SCHOOL CHILDREN

The most important and the most thoroughly demonstrated effects of ultraviolet irradiation of the exposed body are those relating to the phosphorus and calcium metabolism. Rickets and tetany in infancy and early childhood and the vitamin D deficiency type of osteoporosis in older children and adults can be prevented from developing or can be cured if already present by ultraviolet irradiation of the skin. Since vitamin D administration also has these particular effects, it may be substituted for the light treatment.

Many claims and counterclaims have been made regarding the less specific effects of this form of irradiation on general nutrition. Exact experimental data on this aspect of the problem are almost entirely lacking, although many conservative pediatricians and physical therapists believe from empirical experience that recovery from mild subacute pyogenic infections, nutritional anemia and slow or stationary weight gain is accelerated by ultraviolet treatments twice or thrice weekly. Final proof of its value in the treatment or prevention of these conditions is still wanting.

The third use of ultraviolet irradiation among children grouped together in homes, hospitals or school rooms is that of sterilizing the air. Proof that irradiation of the air by ultraviolet lamps tends to reduce the spread of certain infectious diseases has been furnished by carefully conducted experiments in several cities.—J. A. M.A.

PRIMARY DYSMENORRHEA

Women with primary dysmenorrhea have no consistent anatomic lesions or endocrine deficiencies.

Ovulation and a nulliparous cervix are two essential factors in producing primary dysmenorrhea, and they result in uterine distention which stimulates contractions of large enough amplitude to produce cramping pain.

The suppression of ovulation by estrogens to produce painless menses is of experimental interest but of questionable value and possibly dangerous.—Randall and Odell, J. A. M. A., Vol. 123, No. 12, p. 735.

MAPHARSEN, AN UNUSUAL LOCAL REACTION*

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Medical Corps, Army of the United States

A review of the literature pertaining to the reactions following the use of Mapharsen shows that this drug is definitely less toxic than neoarsphenamine. Levin and Keddie,[1] in their recent publication, have presented a complete bibliography and have compiled the reports of various investigators. There is described herewith an unusual and apparently not previously described type of local reaction to the intravenous use of Mapharsen. It is felt that this is of sufficient interest to be reported.

E. J. R., a 29-year-old white soldier, was admitted to this service on July 14, 1942, because of a large necrotic ulceration of the penis, accompanied by a moderate degree of edema of the prepuce. Intercourse with a public prostitute had taken place 24 days prior; anti-venereal prophylaxis had not been used. A penile lesion was first noticed about 9-10 days following exposure. On admission the patient showed enlargement of the lymph nodes in both inguinal areas. The nodes were movable, firm, non-tender, discrete and not suppurating. Repeated dark-field examinations, following the use of warm saline compresses, failed to reveal the Treponema Pallidum. Local treatment with warm potassium permanganate 1-5000 solution soaks was started on July 19, 1942, and was continued for five days; this resulted in the disappearance of the edema and in diminution of the local activity of the ulcer. About 10 days after admission, he developed a diffuse erythematous macular eruption of the trunk which had the morphological characteristics of a secondary syphilid. Complement fixation tests for syphilis became positive so antisyphilitic treatment was instituted.

Date	Kahn (on basis of 4 plus reaction)	Wassermann (on basis of 2 plus reaction)
7-15-42	negative	not done
7-20-42	positive, 2 plus	not done
7-23-42	positive, 4 plus	positive, 2 plus
7-26-42	positive, 4 plus	positive, 2 plus

The lesions showed no clinical signs of healing after eight injections of Mapharsen (0.06 grams) and two of bismuth subsalicylate in peanut oil (0.2 grams) had been given, but healed rapidly after four additional weekly injections of neoarsphenamine (0.6 grams) were started on September 20, 1942. Local treatment consisted of potassium permanganate 1-5000 solution soaks twice daily following the use of warm water and soap. From August 10-28th sulfanilamide was used locally as a dusting powder. Sulfathiazole, grains 10 T. I. D., were given for 10 days from September 4-14th and grains 15 T. I. D. for five days, September 14-19th. Dark-field examinations were negative throughout as were numerous examinations for Donovan bodies.

DATE	INJECTION	REACTIONS
8– 1–42	Mapharsen 0.06 gms. I. V. Bismuth subsalicylate in peanut oil 0.2 gms. I. M.	Elevation of temperature to 102.6, headache, chilliness; intensification of cutaneous eruption.
8– 6–42	Mapharsen 0.06 gms. I. V.	Pain of entire penis; edema of penis measuring 6¼ inches in circumference 5 hours later.
8–11–42	Mapharsen 0.06 gms. I. V. Bismuth in oil 0.2 gms. I. M.	Pain of entire penis; edema of penis measuring 7 inches in circumference 4 hours later.
8–16–42	Mapharsen 0.06 gms. I. V.	Pain of entire penis; edema of penis measuring 6 inches in circumference 5 hours later.
8–23–42 8–30–42 9– 6–42 9–13–42	On all these dates the same dosages of Mapharsen were given.	Pain of the entire penis occurred with all these injections; edema occurred 4-6 hours later.
9–20–42	Neoarsphenamine 0.6 gms. I. V.	No pain; slight edema 8 hours later which measured 5¼ inches in circumference.
9–27–42	Neoarsphenamine 0.6 gms.	No pain and no edema.
10– 4–42	Neoarsphenamine 0.6 gms. I. V.	No pain and no edema.
10–10–42	Neoarsphenamine 0.06 gms. I. V. Bismuth subsal. 0.2 gms. I. M.	No pain and no edema.
10–17–42	Bismuth subsalicylate 0.2 gms. I. M.	No pain and no edema.

*From the Medical Service, Section of Dermatology and Syphilology, 210th General Hospital.

1. Levin and Keddie: Toxic Effects Following the Use of Mapharsen. J. A. M. A., 118:368 (Jan. 31) 1942.

The first injection of Mapharsen was followed by systemic reactions, intensification of the eruption, chilliness, headache and fever; these symptoms did not recur. All subsequent Mapharsen injections were followed by severe pain and a non-pitting edema of the penis extending to involve the adjacent portions of the pubic area but not the scrotum. The edema disappeared in 48 hours following the use of warm saline compresses locally and elevation of the genitalia on a bridge. Similar edema, which disappeared in 24 hours, followed the first but not the subsequent neoarsphenamine injections.

Repeated examinations of the urine revealed no abnormalities. During the sulfonamide therapy the blood was examined at two-day intervals and showed no significant alterations.

Occurrence of the edema is noted in the above tabulations.

After discharge from the hospital (three months after admission) he was returned to his organization. On discharge, the circumference of the penis measured 4½ inches. Since that time he has been receiving antisyphilitic treatment of 0.06 gms. Mapharsen intravenously twice weekly without either system or local reactions. This bi-weekly treatment follows the recommendations regarding the treatment of early and latent syphilis, prepared by the Subcommittee on Venereal Diseases of the National Research Council and approved by the Surgeon General.

SUMMARY

An unusual local reaction manifested by severe pain and marked edema of the penis following the administration of Mapharsen is reported.

A PRINCIPLE FROM LIVER EFFECTIVE AGAINST SHOCK DUE TO BURNS

1. There is a principle in liver which possesses the activity of combating shock due to burns.

2. This antishock factor present in some commercial liver extracts is not identical with the antianemia principle.

3. It appears that the liver principle effective against burn shock is not readily destroyed by heat or aeration and is precipitated from aqueous solution by acetone and ethanol.

4. Nine-tenths per cent solution of sodium chloride, when administered in amounts equivalent to 5 or 10 per cent of the body weight, is definitely effective against burn shock when given either after or thirty minutes prior to trauma.

5. Pretreatment with liver extract plus large amounts of 0.9 per cent solution of sodium chloride is significantly more effective than salt solution alone.

6. The liver factor described and large volumes of salt solution are the only agents which, in our hands, have been found to be effective in burn shock, adrenocortical hormones, thiamine hydrochloride and other vitamins being without significant action. The renal pressor system likewise does not prolong the survival time of animals subjected to burn shock.—Prinzemetal et al., J. A. M. A., Vol. 122, No. 11, pp. 722-723.

TREATMENT OF BURNS WITH SCARLET-RED BANDAGE AND MOIST SULFANILAMID DRESSINGS

A favorable experience in treating fresh burns by surgical cleanliness, and the use of scarlet-red bandage overlaid with sterile dressings saturated with a freshly boiled solution of sulfanilamide is reported. The burns observed healed rapidly and without the necessity of changing the dressings before areas of second degree burn could be epithelized.

The method described utilizes the principles of surgical asepsis, provision for prolonged drainage by capillarity into a moist dressing, the recognized stimulant action of scarlet red on epithelial growth, the bacteriostatic action of sulfanilamide and the desirability of a degree of splinting and mild compression in the processes of repair.—W. E. Gower, Journ. Iowa Med. Soc., 31:234. (Clinical Abstracts, 1941.)

STATE ACTIVITIES

NUTRITION IN EVERYDAY PRACTICE

S. William Kalb, M.D., Newark, N. J.

Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

This space is being sponsored by the Subcommittee on Public Health (Stanley Nichols, M.D., Chairman) and will be devoted monthly to the busy practicing physician. Its purpose will be to deal with all aspects of nutrition and to explain to the physician simply, plainly and understandingly what foods are best to eat—how to arrange a balanced diet—how to determine and prescribe for vitamin deficiencies—when and how minerals should be prescribed—utilization of the fundamental laws governing deficiencies, assimilation and combustion of foods.

It is the hope of the Committee that the material here presented will be understood, utilized and imparted for the benefit of the physician and the patient.

A simple office procedure for determining vitamin A deficiency may be done as follows: Take the patient into a dark room and seat him in front of an examining light (which has a reflector) about six inches from his eyes. Turn on the light (60-100 watts). Have the patient look directly into the bulb for three minutes. This should blot out the visual purple. Keep your eyes on your watch until the end of three minutes. Along with the examining light there should be a socket on the wall or another lamp containing a bulb (7½ or 10 watts). This light should be about twelve inches from the patient's eyes. The bulb should be painted black with a number about one-half inch long scratched, with a pin, on the face of it (any number from 2-9 may be used). When the examining light is turned out the black bulb is turned on immediately and the patient's head turned in the direction of the black bulb. The patient is then told that he will see either a figure or a number and to tell which it is as soon as he sees it. It should take up to five minutes from the time the examining light is put out until the patient is able to recognize the number on the black bulb. The severity of the vitamin A deficiency and the dosage required depends on the length of time over five minutes that it takes the patient to recognize the number. For example, if the patient sees the number on the black bulb in five minutes or sooner he has a normal Vitamin A Test. If it takes the patient six minutes to recognize the number on the black bulb he should receive 25,000 units of vitamin A per day, and 5,000 units extra per day for each additional minute. If it takes the patient twelve minutes to see the light on the black bulb he will need 55,000 units (25,000 for 6 minutes and 30,000 for the extra 6 minutes).

SUMMARY OF VITAMIN A TEST

1. Have your watch ready.
2. Adjust the lights so they are on a level with the patient's eyes.
3. Turn on the examining light and look at your watch.
4. When exposed three minutes turn out the examining light and put on the black bulb.
5. Turn the patient's head in direction of the black bulb.
6. When the patient recognizes the number on the black bulb, turn on the lights and look at your watch.

THERAPEUTIC USES OF VITAMIN A

Xerophthalmia—5,000 to 25,000 I. U. per day.
Poor night vision—5,000 to 25,000 I. U. per day.
Dry skin with acne—5,000 to 25,000 I. U. per day.
Retarded growth—25,000 to 50,000 I. U. per day.
Essential hypertension — 200,000 to 300,000 I. U. per day.
Alopecia with dry skin — 25,000 to 100,000 I. U. per day.

Carrots and sweet potatoes are rich sources of carotene (a precursor of vitamin A).

Look for evidences of pellagra in patients with the three D's: Dermatitis, diarrhea and dementia.

Patients on restricted therapeutic diets should receive multivitamin tablets.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February, 1943, issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. *It is emphasized that to obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
Camden General Hospital
West Jersey Homeopathic Hospital
Cape May Court House—County Court House
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—Health Department
East Orange General Hospital
Elizabeth—Alexian Bros. Hospital
Health Department
Englewood—Englewood Hospital
Franklin—Franklin Hospital
Hackensack—Health Department, 346 State St.
Irvington—Health Department
General Hospital
Lakewood—Health Department, Municipal Building
Paul Kimball Hospital
Linden—Health Department, City Hall
Long Branch—Monmouth Memorial Hospital
Board of Health
Mays Landing—District Regional Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Mountainside Hospital
Morristown—All Souls' Hospital
Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Newark—St. Barnabas Hospital
St. James Hospital
St. Michael's Hospital
Presbyterian Hospital
American Legion Hospital
Beth Israel Hospital
Columbus Hospital
Newark Memorial Hospital
Neptune—Fitkin Memorial Hospital
Neptune Twp. Board of Health
New Brunswick—Middlesex General Hospital
St. Peter's Hospital
New Monmouth—Middleton Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Bldg.
Orange—Orange Memorial Hospital
Passaic—Passaic General Hospital
Beth Israel Hospital
St. Mary's Hospital
Physicians Laboratory Service, 199 Monroe St.
Perth Amboy—Perth Amboy General Hospital
Phillipsburg—Warren Hospital
Princeton—Princeton Hospital
Health Department
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Riverside—Zurbrugg Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Trenton—St. Francis Hospital
City Board of Health
Mercer Hospital
McKinley Hospital
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
Westfield—Board of Health
M. E. Maurer, M.D. (Pvt. Lab.)

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

THE AMERICAN COLLEGE OF SURGEONS

NEW JERSEY INITIATES — 1943

William N. Barbarito.....Jersey City
George Blackburne .....Newark
Elmore G. Brittain .....Bound Brook
Charles D. Brunkow .....Newark
Anthony D. Crecca .....Newark
Jacob L. Flax .....Newark
Joseph E. Franklin .....Hillside
Kenneth H. Judy .....Jersey City
Alberico Masucci .....Paterson
Theodore R. Miller .....Ridgewood
William Peter B. Nemzek...North Arlington
F. Muriel Ramsey .....Millville
Mortimer Reich .....Newark
Jacob W. Siegel .....Newark
Max Singer .....Newark
Julius Sobin .....Newark

OBITUARIES

DR. MOURY I. ELLIS

Dr. Moury I. Ellis, prominent East Orange physician for almost 25 years, died suddenly on December 7 at his home after a short illness.

Dr. Ellis was born in Atlanta, Ga., in 1895, and was graduated from Vanderbilt University School of Medicine in 1917. He did post-graduate work and served his interneship at Bellevue Hospital, New York City. During World War I he served as a lieutenant commander at the Great Lakes Naval Training Station.

Dr. Ellis was on the surgical staff of East Orange General Hospital, and was a member of the Essex County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. PAUL KELLER

Dr. Paul Keller, of West Allenhurst, died on December 22 of a heart attack. Dr. Keller lived in Newark until four years ago, when he moved to West Allenhurst.

Dr. Keller was born in Philadelphia on November 2, 1891. He prepared for the Presbyterian ministry, but his interest later turned to medicine. He was graduated from Jefferson Medical College in 1917, and during the first World War served in the Navy as Senior Medical Officer. Dr. Keller remained in the Navy eighteen months after the war, serving in the Danish West Indies and Mexico, where he studied tropical medicine. He came to Newark in 1921 as Executive Director of Newark Beth Israel Hospital.

Dr. Keller was the New Jersey representative among 25 American doctors selected by the New York Academy of Medicine in 1930 to study health resorts in France.

Dr. Keller served on the Emergency Relief Administration of New Jersey Administrative Council in 1934. In 1935 he became Director of the Newark Bureau of Industrial Hygiene. When the Association of Industrial Physicians of New Jersey was organized in 1938, he was chosen Acting Secretary. He had served as Staff Surgeon for the Pennsylvania Railroad and member of the Executive Committee of the University of Newark, and was former President of the State Hospital Association. Dr. Keller was instrumental in organizing the Essex County Hospital Council, as a result of which the Hospital Service Plan of New Jersey came into being. He was a recognized authority in the field of hospital administration and was a frequent contributor to hospital and medical journals. At the time of his death he was Vice-President and Medical Director of Associated Hospital Service of New York.

Dr. Keller was a member of the Essex County Medical Society, The Medical Society of New Jersey and the American Medical Association.

MAKE AN EARLY RESERVATION FOR THE 1944 ANNUAL MEETING

The 178th Annual Meeting of The Medical Society of New Jersey will be held April 25, 26 and 27, 1944, at the Claridge Hotel, Atlantic City, N. J.

Members of the House of Delegates, the State Society and the Woman's Auxiliary are urged to make reservations early to insure accommodations upon arrival. The Claridge has 400 bedrooms—each with twin beds, bath, shower, fresh and sea water. The following convention rates are available (European Plan only):

	Single	Double
Ocean Front, Corner	$12.00	$16.00
Ocean Front	10.00	14.00
Side View	8.00	12.00
Bay View	6.00	10.00

Use the coupon below for convenience in making your reservation.

....., 1944.

CLARIDGE HOTEL
Atlantic City, N. J.

Please make the following reservation for the Annual Meeting of The Medical Society of New Jersey, April, 1944:

Type of room: Single..... Double.....

Location: .....

Rate: $.....

Arrival date: .....

Name .....

Address .....

City .....

COUNTY SOCIETY REPORTS

BERGEN COUNTY

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital, Teaneck, on the evening of November 9th, 1943. The meeting was called to order by the President, Dr. Floyd E. Kier, at 9:15 p. m.

The following doctors were elected to Junior Membership: N. Maurice Re of Palisade, S. P. Jaslow of Wyckoff, A. B. Stassi of Lodi and Marion McIllveen of Ridgewood.

Dr. Arthur C. DeGraff, Professor of Therapeutics, New York University Medical School, gave a talk on the newer aspects of drug therapy in heart disease.

In the rôle of preventive medicine, he discussed the daily use of sulfanilamide, sulfadiazine or sulfamerazine, in doses of one or two grams as a preventive measure in recurrent rheumatic heart disease in children. If the patient tolerates the drug for one month he can do so indefinitely and the recurrence of rheumatic heart disease is thereby appreciably prevented.

He then discussed congestive heart failure and the application of the various glycosides of digitalis. It was brought out that of these, digitoxin is the longest acting and the more slowly eliminated, whereas digoxin and lanatoside C are very rapidly eliminated and their action is of shorter duration.

The speaker also discussed the rôle of mercurial diuretics in the elimination of generalized edema.

He then discussed the treatment of cardiac pain and stated that gall-bladder disease, bursitis, arthritis of the spine can give a pain syndrome identical with that of angina pectoris. Also small herniations of the diaphragm.

Cardiac pain is treated by coronary dilators and sedatives. Under the former, the speaker discussed the rôle of the nitrites, amanophyllin and papaverine. Under the latter the various opiates were mentioned.

A lengthy question-and-answer period followed and the large number of questions asked were an accurate index of the enthusiasm with which the speaker was received.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on December 7, 1943, at the Masonic Club, Jersey City. The meeting was called to order by the President, Dr. Maurice Shapiro, at 9:45 p. m.

Dr. G. W. Sinnott, Deputy State Chief of the Emergency Medical Service of the Office of Civilian Defense, stated that the Washington Office of Civilian Defense would like to put on a training program for physicians in Gas Warfare and suggested that if this program is planned that it be held at a regular meeting, in preference to a special meeting of the Society.

Dr. M. Shapiro suggested that if arrangements can be made, this program will be scheduled for the February meeting.

Dr. A. P. Hasking discussed the matter of medical care for recipients of Old Age Assistance, the doctor representing the Hudson County Welfare Board. He felt that this would be best handled by the Hudson County Medical Society and requested that a proper committee be appointed to confer with him on the details.

This matter was referred to the Executive Committee.

Charles Solomon, M.D., F.A.C.P., Director, Pharmacology and Therapeutics, Brooklyn College of Pharmacy, Long Island University, spoke on "The Present Status of Sulfa Therapy".

Drs. Swiney, Mathesheimer, Finger, Hoops, Ginsberg, Cannon and Toth discussed the paper.

PASSAIC COUNTY

Theodore K. Graham, M.D.

The regular monthly meeting of the *Passaic County Medical Society* was held on November 16, 1943, at the Freeholders' Meeting Room, Administration Building, Paterson. The meeting was called to order by the President, Dr. Charles J. Murn.

Resolutions on the deaths of Drs. Daniel Tellman and T. Vincent Connolly were read.

An announcement was made that a campaign for group accident and health insurance with the National Casualty Company, represented by Mr. William Blanksteen, was about to begin. A special group, non-cancellable policy is being offered by this company, providing 50 per cent of the active members under 65 years old enroll.

Dr. Samuel Cosgrove, Chief of the Margaret Hague Maternity Hospital, Jersey City, presented a paper on "Hemorrhages of Pregnancy".

Dr. Cosgrove said, "Hemorrhage is an inevitable and invariable factor in all pregnancy whether intra-uterine or extra-uterine. A loss of blood of less than one pint is expected and is considered normal. If the patient is entirely healthy throughout pregnancy, she may escape hemorrhage although accidental factors or any abnormality may still cause hemorrhage."

The procedure of combating hemorrhage was outlined as follows:

1. Replacement of liquid volume immediately whether by saline, glucose or colloidal solutions intravenously.
2. Posture and medicinal treatment.
3. Removal of the cause and the control of the source of bleeding.

The treatment of the cause of bleeding must be highly individualized. Dr. Cosgrove then discussed:

1. Ectopic pregnancy.
2. Abortion.
3. Placenta previa.
4. Abruptio placenta.
5. Lacerations.
6. Atony of the uterus.

Dr. Cosgrove showed slides illustrating his paper.

SOMERSET COUNTY

William Courtney Douglass, M.D., Reporter

The regular meeting of the *Somerset County Medical Society* was held at the Somerset Hospital on December 9, at 8:30 p.m.

Following the business meeting the Tuberculosis Case Finding Program of the County was presented with a study of the progress of the last five years. The improvement of the clinic standards and the provision of x-rays at cost by the Somerset County Tuberculosis and Health Association outside of clinic hours has been accompanied by a 500 per cent increase in the number of physician's referrals.

The study clearly shows that the private physician remains the leading case-finding agent. Eighty-five per cent of new admissions to sanatoria have started with case finding of the private physician in spite of the extensive work being done in Somerset County by industries, schools, contact follow-up, and other mass surveys. In view of these striking findings the Society particularly desires to bring them to the attention of the physicians of the state with the suggestion that they call upon their local public health services to furnish them with comparable facilities. Effective case finding by the private physician depends on easy access to x-ray diagnosis in tuberculosis as on easy access to serological diagnosis in syphilis.

SUSSEX COUNTY

Martin I. Kirschner, M.D., Reporter

A regular meeting of the *Sussex County Medical Society* was held on December 7, 1943.

The main topic of the evening was an illuminating talk by Dr. Norman Scott, on the development of federal aid in the field of medical care. From the Civil War days, he traced the gradual increasing fields in which government aid was granted for medical care. He finally came to the Wagner-Murray Bill, and its objective. The main grievance against the bill is not the objective—the need of proper medical care—but the method of administration as provided in the bill.

Medical care, it was agreed, should be based on the local need for care, and not controlled and administered by a centralized system, far removed and not acquainted with local problems.

SUMMIT MEDICAL SOCIETY

Carroll S. Thompson, M.D., Secretary

The second meeting of the season of the *Summit Medical Society* was held on Tuesday evening, November 30th, at 9:00 p.m. The meeting was held at the Ciba Pharmaceutical Co., Lafayette Park, Summit.

Dr. Frederic J. Quigley spoke on "Medical Implications of the Wagner Bill".

There were twenty-one members and four guests present. A collation was served after the meeting.

BOOKS RECEIVED FOR REVIEW

Surgical Errors and Safeguards. By Max Thorek, M.D., LL.D., C.C.M., F.I.C.S. With a foreword by Sir Hugh Devine, M.S., Hon. F.R.C.S. (Eng.), F.R.A.C.S., F.A.C.S. (Hon.), and a chapter on Legal Responsibility in Surgical Practice by Hubert Winston Smith, A.B., M.B.A., LL.B., M.D. 4th ed. Pp. 1085 with 794 illus., many colored. Philadelphia, J. B. Lippincott Company. 1943. $15.00.

Pain. Proceedings of the Association for Research in Nervous and Mental Disease, vol. 23. Pp. 468 with 116 illus. and 19 tables. Baltimore, Williams & Wilkins Company. 1943. $7.50.

Elements of Medical Mycology. By Jacob Hyams Swartz, M.D., with introduction by Fred D. Weidman, M.D. Pp. 179. New York, Grune & Stratton. 1943. $4.50.

Backache and Sciatic Neuritis. Back Injuries—Deformities—Diseases—Disabilities, with notes on the pelvis, neck and brachial neuritis. By Philip Lewin, M.D., F.A.C.S. Pp. 745 with 235 figure illus. Line drawings by Harold Laufman, M.D. Philadelphia, Lea & Febiger. 1943. $10.00.

Nascent Endocrine Therapy. By John Franklin Ritter, M.D. Pp. 317. Caldwell, Idaho, Caxton Printers, Ltd. 1940.

A Surgeon's World; an autobiography. By Max Thorek, M.D. Pp. 410. Philadelphia, J. B. Lippincott Company. 1943. $3.75.

BOOK REVIEWS

Clinical Diagnosis by Laboratory Methods; A Working Manual of Clinical Pathology. By James Campbell Todd, Ph.B., M.D., and Arthur Hawley Sanford, A.M., M.D. 10th ed. Pp. 911 with 80 illustrations. Philadelphia, W. B. Saunders Company. 1943. $6.00.

Todd and Sanford's "Clinical Diagnosis by Laboratory Methods" is too well known to the medical profession to need an introduction. The 10th edition resembles the previous ones in format and has several additions in the text and in the illustrations which will increase its usefulness. Of these additions, the most important ones are found in the chapters on blood where good summaries are given of sternal marrow cytological studies, hemorrhagic diseases and the importance of the Rh factor. The bacteriological sections have also been enlarged by descriptions and plates of the rickettsial and fungal diseases, the latter subject especially having been expanded from ten lines in the

previous edition to nine pages in this. Additions which will be especially useful to the technicians include a chapter on animal inoculations, data on the technique for a number of the newer determinations in blood chemistry and a very clear and concise description of the accepted serological tests for syphilis.

It is interesting to see again cited at length a titration method for determining CO_2 in serum and plasma. Its technique is more familiar to the technician than the more difficult and less frequently used one of handling the gasometric van Slyke apparatus, so that the results are just as accurate, if not more so.

The chapter on nephritis has been changed but little from that in the previous editions. The content is good, but one cannot help wishing that the newer terminology had been used in describing various nephropathies. The medical students and the younger physicians, who will probably use the book most, will have difficulty in remembering that "chronic diffuse (parenchymatous) nephritis (large white kidney)" and "chronic interstitial nephritis (contracted kidney)" are the equivalent of "glomerulonephritis" and "nephrosclerosis" respectively.

The previous editions have been the "laboratory Bible" of several generations of students, both in and out of medical school and this 10th edition will continue to hold this position.

CAMILLE MERMOD, M.D.

Endoscopic Prostatic Surgery. By Roger W. Barnes, M.S., M.D., F.A.C.S. Pp. 232 with 104 illustrations. St. Louis, The C. V. Mosby Company. 1943. $6.00.

With the greater perfection of urethral instruments, the popularity of transurethral resection has grown by leaps and bounds. The monograph by Dr. Roger Barnes is, therefore, of timely importance. He has happily wedded conciseness and accuracy in his preparation of the volume, and without superfluous verbosity gives careful consideration to the anatomy and pathology of prostatism. Throughout the entire book his illuminating illustrations make every phase of the work easily understandable, and the actual process by which he removes the prostatic tissue is brought out with great clarity. These illustrations are so strikingly descriptive that one can follow the procedure with ease and accuracy.

Dr. Barnes discusses the pre-operative and post-operative care of the patient and the many complications and pitfalls inherent in transurethral work. He lays great stress on the fact that only the expert cystoscopist should attempt prostatic resection by the transurethral route.

The book is a welcome addition to the urologist's library, and in spite of its brevity may be used with advantage by many of us for reference.

H. H. GOLDSTEIN, M.D.

Holt's Care and Feeding of Children. Revised and Enlarged by L. Emmett Holt, Jr., M.D. Pp. 321. New York, D. Appleton-Century Company. 1943. $2.00.

The first edition of this excellent manual was published by the elder Holt half a century ago, and through all this time it has maintained a well deserved popularity. The present edition is brought up to date by his son.

It is intended primarily for mothers and prospective mothers and in it will be found the authentic information they so often seek. It answers many puzzling questions such as the requirements of a good nursery, proper clothing of the baby, bathing, airing, sun baths, food preparation, dietary habits, toilet training, avoidance of infections, taking care of emergencies, behavior problems and a host of other important aids in the scientific care of children.

Physicians recommending this booklet will find that it admirably compliments their work. The valuable knowledge a mother acquires in studying its text will spare him the problem of answering many trivial questions, something that will be well appreciated in this day and time.

L. CHARLES ROSENBERG, M.D.

Principles and Practice of War Surgery; With Reference to the Biological Method of the Treatment of War Wounds and Fractures. By J. Trueta, M.D., with introduction by Owen H. Wangensteen, M.D. Pp. 441 with 144 text illustrations. St. Louis, C. V. Mosby Company. 1943. $6.50.

The Principles and Practice of War Surgery by J. Trueta, of the Spanish Civil War fame, contains some four hundred pages packed with brief, but concise, descriptions of the so-called biological method of the treatment of war wounds, fractures and burns. In his introduction, it is nice to note that Dr. Trueta gives full credit to Dr. J. Winnett Orr, who "above all others lighted the path I have followed". This book is an absolute essential for those who practice traumatic surgery of any type for it points unquestionably to the standard treatment of wounds, not only military, but those seen in civil practice.

Trueta's development of the "pattern technique" on the use of plaster of paris is a real contribution to our present armamentarium for immobilization of wounded parts and recalls to mind the enthusiasm of some of our men who recently had the opportunity of seeing him apply some of his plaster in London. "Three minutes for a complete shoulder spica." This book is most highly recommended.

HERBERT A. SCHULTE, M.D.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

President's Report for the Period from October 11, 1943, to January 10, 1944*

Mrs. Asher Yaguda

Since our last meeting, I have represented you at the Contemporary Club of Newark on President's Day. On October 25th, I was the guest speaker at a meeting of the Essex County Auxiliary and on November 9th, Mrs. Epler and I attended the reorganization meeting in Bergen County. Our Hygeia chairman suggested a personal meeting and it was my pleasure to discuss the Hygeia work with her in Philadelphia, on my way to Chicago. A meeting of the committees concerned with the Cadet Nurse Recruitment Program was called and attended in Newark. A reservation has been made for Mrs. Carey, National President, at the Claridge Hotel, Atlantic City, for the time of our annual meeting. I have continued to write an article for the State Journal each month. A special committee has been named to handle the planning of the work of Registration of Nurses. My correspondence with the chairmen is continuous.

Again, your President thanks you for having made it possible to attend the Board meeting of the Woman's Auxiliary to the American Medical Association in Chicago last November. It was an unmistakable wartime atmosphere which prevailed at the meeting, with most of the old familiar projects being secondary to phases of war work and to medical legislation. Our National President, Mrs. Carey, stressed the Cadet Nurse Recruitment Program, the Registration of Nurses Plan and the need for concerted effort against the enactment of the Wagner Bill. The Legislation Chairman told us that this bill is just incidental to plans afoot to regiment the practice of medicine; and further, that if this bill were not successfully enacted this year, there would soon be another for us to combat, based on similar principles. The chairman of Hygeia and others on the National Board were gratified to learn that we, here in New Jersey, are again working on Hygeia promotion. This recognition aroused an even greater hope of success in this endeavor and the realization that one way to guarantee this success would be to have every member a subscriber to this authentic health magazine. With the idea of learning more about this, your President made a call on and had a most helpful chat with the promotion manager of Hygeia at the Chicago office. The National Chairman of Public Relations singled out for special mention, in her report, two of our Public Relations projects, planned by Mrs. Maclyn Baker. The afghan square "knitting while waiting" idea, was well received and notes taken on it by all of the state representatives there. I answered many questions about it and our Health Education Campaign after they were praised by the National Chairman. Another of our state programs which aroused interest was the sample, or model, legislative meeting held at the Executive Board meeting as a suggestion to the counties. Commander Lapham, Director of Procurement and Assignment, spoke to us at the luncheon meeting. He explained the work of registration of graduate nurses, scheduled for the week of February 7th to 12th, which is to be an Auxiliary responsibility throughout the nation. Miss Jean Henderson, Chief of the Public Relations Section of the Division of Nurse Education of the United States Public Health Service, told in detail the Cadet Nurse Recruitment Program.

At the risk of seeming monotonous, I am, once again, going to tell you that there is a very definite trend toward state and national unity rather than individual county effort. The reports of the State Auxiliaries showed a whole-hearted acceptance of the plans laid down by the parent organization. We are being welded together by such work as the two nurse programs—a common interest for us all to enter into. There is one state, Georgia, which gives, at the end of the Auxiliary year, an award to the county which has adhered most closely to the state program. Your President wishes that it were possible to do the same in our state. I ask that the county presidents hold one meeting with the members of their Boards for the express purpose of going over the suggested state programs and considering one or more of them. If they are worthy of mention by our National Committee, some of them must be worthy of adoption by the County Auxiliaries. For strength and effectiveness we must first have unified purpose.

* Read at the meeting of the Executive Board at Trenton, January 10, 1944.

"M" IS FOR MERCER COUNTY

Mrs. R. John Cottone, President

The Woman's Auxiliary to the Mercer County Medical Society is continuing with the program of meeting at local hospitals and assisting with surgical dressings and sewing. All our members are also actively engaged in volunteer work at our hospitals, giving a day or more each week to this work.

Our Public Relations Chairman, Mrs. D. Leo Haggerty, is working on plans for a Reciprocity Tea to be held at an early date in March.

We have joined with other women's organizations in giving a Christmas party to the patients of the Donnelly Memorial Hospital in Trenton.

Our members were hostesses to the State Auxiliary on January 10th at a business meeting and buffet luncheon.

"M" IS FOR MIDDLESEX COUNTY

Mrs. Robert B. Walker, President

Due to existing conditions, one section of our widely spread county has found it necessary to temporarily discontinue their Auxiliary activities. This, however, has served to redouble the efforts of our "Old Faithfuls".

The November meeting was devoted entirely to legislation. Mrs. Irving Sosin, an attorney and authority on legislation, was guest speaker. Subject—The Wagner Bill. She emphasized the great importance of defeating this bill—both for the interest of the Medical Profession and the benefit of the country at large.

Our project, supplying the boys in the Stockade at Camp Kilmer, with many urgently needed articles, has been enthusiastically carried on by our members.

As an organization, we have become members of The Public Forum of New Brunswick and Vicinity. It has been organized as a means of bringing the people of the community together for public non-partisan discussion and to provide a clearing house of ideas and a source of information. This is part of our Public Relations Program.

In December our hearts were saddened by the sudden death of our active member, Mrs. Norman Forney of Milltown. The memory of her kindness and generosity will long be cherished by the Auxiliary.

Our greatest achievement in these times of stress and strain has been maintaining the feeling of friendliness and comradeship that has always existed in our organization.

"O" IS FOR OCEAN COUNTY

Mrs. William E. Dodd, President

Our Auxiliary is another organization greatly affected by present war conditions. Even though our attendance has dwindled to half, we are planning to meet every other month. Our program this year will consist of discussions on current medical subjects and book reviews. Great interest is shown in the Wagner Bill, and at our February meeting Mrs. Abraham Goldstein, Legislative Chairman, will explain it more fully. We are continuing to present Hygeia to the public. This has been one of our projects for the past few years. Since many of our members are active in their communities helping in the war effort we are not planning any new projects. Our efforts will be centered on the Blood Transfusion Fund now operating in its sixth year.

AUXILIARY EVENTS — PAST AND FUTURE

ATLANTIC COUNTY — Mrs. Samuel Salasin, Chairman of Publicity.

On Friday, January 14th, Atlantic County will hold a luncheon meeting at the Madison Hotel at one o'clock, Mrs. David B. Allman, Chairman, and Mrs. Ruffin G. Stamps, President, presiding.

BERGEN—Mrs. A. D. McLane, President.

On Tuesday, January 11th, a meeting was held at 2 p. m. at the home of Mrs. Floyd Keir, 310 Engle Street, Englewood.

ESSEX — Mrs. Frank A. Bien, Chairman of Publicity.

The next meeting of Essex will take place on Monday, January 24th, at the Academy of Medicine. The entire program will be devoted to a study of the Wagner-Murray Bill.

GLOUCESTER—Mrs. C. A. Bowersox, Chairman of Publicity.

The Gloucester Medical Auxiliary will hold its next meeting at 9 p. m., January 21st, at the home of Mrs. H. B. Diverty, 38 Cooper Street, Woodbury. The speaker will be Dr. Ralph Hollinshed, whose topic will be "Medical Legislation".

MERCER—Mrs. A. F. Moriconi, Chairman of Publicity.

On January 10th Mercer County was hostess to the Woman's Auxiliary to The Medical Society of New Jersey.

PASSAIC—Mrs. Irving Silverman, Chairman of Publicity.

At 2 p. m., January 17th, at the Paterson Woman's Club, Dr. Andrew F. McBride will discuss the Wagner Bill.

AUXILIARY REPORTS

Essex County

Mrs. Frank A. Bien, Chairman, Publicity

WOMAN'S AUXILIARY AND CONTEMPORARY CLUB OF NEWARK HEAR DR. QUIGLEY'S TALK ON MEDICAL LEGISLATION.

In lieu of a meeting in November, the Auxiliary attended a health meeting sponsored by the Health Committee of the Contemporary of Newark, on Tuesday, November 23, 1943.

Mrs. Frank Forte is chairman of the Health Committee, Mrs. Frank A. Bien, co-chairman. Tea followed the meeting.

Dr. Quigley's subject was "Present Governmental Activities in the Field of Civilian Medicine". Several hundred women were present to hear his enlightening talk on what we may expect of medicine in the future under the proposed plans of social insurance and if the physician becomes by law an employee of the Federal Government. He contrasted this proposed system with the present system of free competitive medicine.

Gloucester County

Mrs. C. A. Bowersox, Publicity Chairman

The *Woman's Auxiliary to the Gloucester County Medical Society* held their Christmas party on Friday afternoon, December 10th, two o'clock, at the home of Mrs. Harris Underwood, Woodbury.

Mrs. L. B. Seely of Wenonah gave an interesting reading of Tolstoi's "What Men Live By".

The Boys' Chorus from Central School, with Miss Helen Klepfer directing, sang four selections of Christmas carols. The committee in charge served refreshments.

A gift of money donations will be forwarded to the Camden Home for **Friendless Children.**

Middlesex County

Mrs. C. F. Merrill, Publicity Chairman

The December meeting of the *Middlesex County Medical Auxiliary* was held at the home of Mrs. Charles F. Merrill, Highland Park, with the President, Mrs. Robert Walker, presiding.

Mrs. F. M. Hoffman and Mrs. Irving Cronk entertained by singing Christmas carols, and Christmas gifts were exchanged.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **January, 1944** **No. 1**

IN the life of any individual the sudden spitting of blood is a dramatic and fear-stirring event. Usually it is brought to the attention of the physician so promptly that an accurate and rapid diagnosis is possible. Self-neglect, however, is encountered on the part of some patients. Errors in diagnosis, too, are not unheard of happenings. Thus there is every good reason why such an alarming symptom as hemoptysis must be viewed with concern by the doctor until the cause has been established and the proper emergency care and long-term treatment provided.

HEMORRHAGE IN PULMONARY TUBERCULOSIS

Pulmonary hemorrhage is one of the most distressing phenomena encountered in medical practice. The patient is gravely alarmed and the physician is confronted by bleeding that comes from a point deep within a delicate organ enclosed in a rigid framework. To combat the bleeding there may be only slowly or doubtfully effective physiological mechanisms.

Psychological effects to one side, hemoptysis generally is indicative of serious pulmonary disease. It is recognized that unexplained blood-spitting must be considered due to tuberculosis until proved otherwise. However, occasional causes include such nontuberculous diseases as bronchiectasis, bronchogenic carcinoma, lung abscess, rheumatic heart disease and various minor nose and throat affections. People apparently in good health and presenting negative physical signs and few or equivocal roentgen findings represent especially puzzling problems when they report having coughed up blood. In all cases it is essential that we exhaust every means at our disposal of tracking down the reason for obscure lung hemorrhage.

The causes of hemoptysis are still not clearly understood. Blame has been laid on deficiency in one of the factors concerned in blood coagulation, on tonic, nervous or endocrine factors, on erosion of a vessel wall by a tuberculous process, on rupture of a small aneurysm within a cavity. While the most serious hemorrhages occur in old, fibroulcerative tuberculosis, small or moderate hemoptyses may be seen in early disease, sometimes as the first recognizable symptom. Softening of a lesion or progression of an established process may be accompanied by hemorrhage.

Among 1,000 patients consecutively discharged from the Blue Ridge Sanatorium, Charlottesville, Virginia, only those were included in this study who gave a clear-cut history of spitting up one dram or more of blood, or who suffered a hemorrhage during their stay in the institution. "Streaking," "streaked sputum" and indefinite history of hemoptysis were excluded. In all, 905 cases of tuberculosis, made up of 424 males and 481 females, included 220 who had hemoptyses during the active phase of the disease. This is an incidence of 24.3 per cent, regardless of the duration of observation.

Some of the largest hemorrhages in this series occurred in a few patients showing bronchiectasis or rheumatic heart disease. Bogen, including instances of streaks and clots, found that over half of his hemoptysis cases expectorated less than two ounces of blood. The present study records 106 hemorrhages of stated amount, ranging from one dram to two quarts, the average being five ounces. This did not include repeated bleeding from the same individual on the same or subsequent days, since these were not felt to be distinct episodes, but more or less a continuation of the first. In approximately 40 per cent of the cases the episode of hemoptysis was repeated at least once.

Hemorrhage was the presenting symptom, often the initial evidence of trouble, in 60 cases. Perhaps nothing drives a patient to seek medical advice faster than the expectoration of a single

mouthful of blood, although 23 patients did nothing about their initial hemorrhage.

When the local physician was consulted by persons with hemorrhage in cases of previously undiagnosed tuberculosis 70 per cent were properly diagnosed, though it is estimated that 84 per cent correct diagnoses could have been reached by further study.

Only 49 cases in the entire hemoptysis group failed to show a cavity on X-ray examination and of these 11 were found to be nontuberculous. No less than 83.4 per cent of the tuberculous cases with hemorrhage had a positive sputum! Of the 170 patients in this latter category, 159 had roentgenograms revealing consolidation, honeycombing, punching out or frank cavitation.

Correlation of hemoptysis with physical exertion, with direct chest trauma or with mechanical disturbance of the lung is possible in some cases, though hemorrhage may and often does appear when the patient is at rest, perhaps during sleep. In only 28 cases in this study was there either a specific history of a precipitating factor or of its absence. In 10 patients hemorrhage was related to one or more menstrual periods.

Among the graver consequences of pulmonary hemorrhage must be listed strangling and asphyxia from massive bleeding, fatal blood loss in the cachectic patient, and the commoner and ever-present danger that blood from a cavity which is generating a positive sputum will spread the infection to other parts of the lungs, giving rise to an acute tuberculous bronchopneumonia or a massive caseous pneumonia. Obviously, repeated episodes of blood-spitting multiply the chances for such complications to occur.

Summary and Conclusions

1. In a study of 1,000 sanatorium tuberculosis patients it was found that hemorrhages occurred in 24.3 per cent of them.

2. The average size of hemorrhage was five ounces. Forty per cent of hemorrhages were eventually repeated.

3. In 60 patients, the first remarkable symptom was hemoptysis.

4. Seventy per cent of cases with a history of hemorrhage before diagnosis were properly diagnosed by the local physician, when he was consulted. However, 13 per cent were misdiagnosed.

5. Most tuberculous patients who hemorrhage have cavitation visible on X-ray examination; 83.4 per cent of this series had a positive sputum.

6. Trauma to the chest, strenuous exercise, mechanical disturbance of the lungs and, in females, the menstrual period are definite precipitating factors.

7. Small hemorrhages often occur from early lesions at the height of the catarrhal and toxemic symptoms which probably signify softening. These are not usually serious and may, in the long run, be beneficial if they call attention to an undiagnosed tuberculosis. However, larger hemorrhages which occur in chronic ulcerative tuberculosis, while rarely immediately fatal, are accompanied by many unpleasant and dangerous possibilities. Of the 12 deaths which occurred in the sanatorium after hemoptysis, it is felt that 5 were directly or indirectly the result of the hemorrhage.

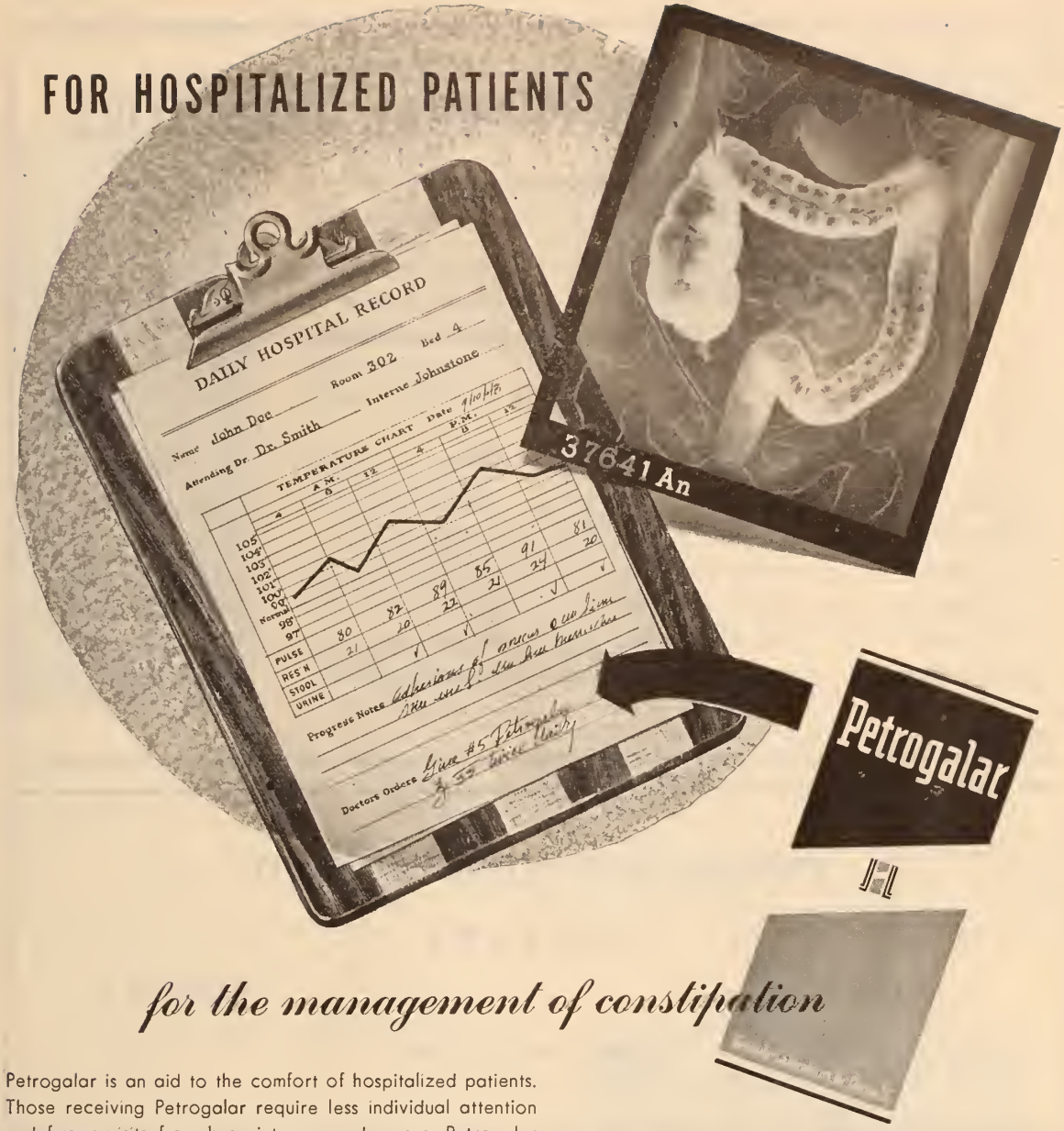
Hemorrhage in Pulmonary Tuberculosis, George R. Minor, M.D., American Review of Tuberculosis, August, 1943.

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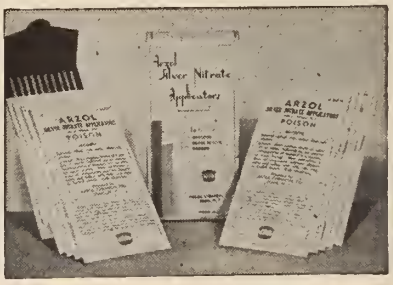
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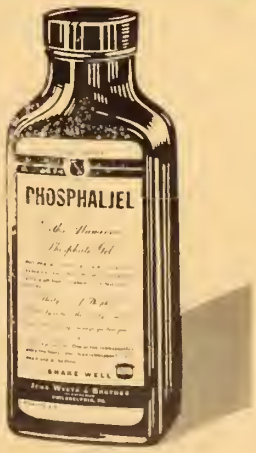
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1. MARSHALL, S. F., and DEVINE, J. W., Jr.: Gastrojejunal Ulcer, S. Clin. North America, 743-761 (June) 1941.

2. FAULEY, G. B.; FREEMAN, S.; IVY, A. C.; ATKINSON, A. J., and WIGODSKY, H. S.: Aluminum Phosphate in the Therapy of Peptic Ulcer, Arch. Int. Med. 67: 563-578 (March) 1941.

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VOL. 41, NO. 2 — FEBRUARY, 1944 — Subscriptions, $3.00 per Year; Single Copies, 30 Cents

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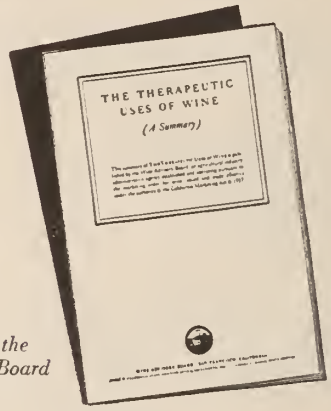
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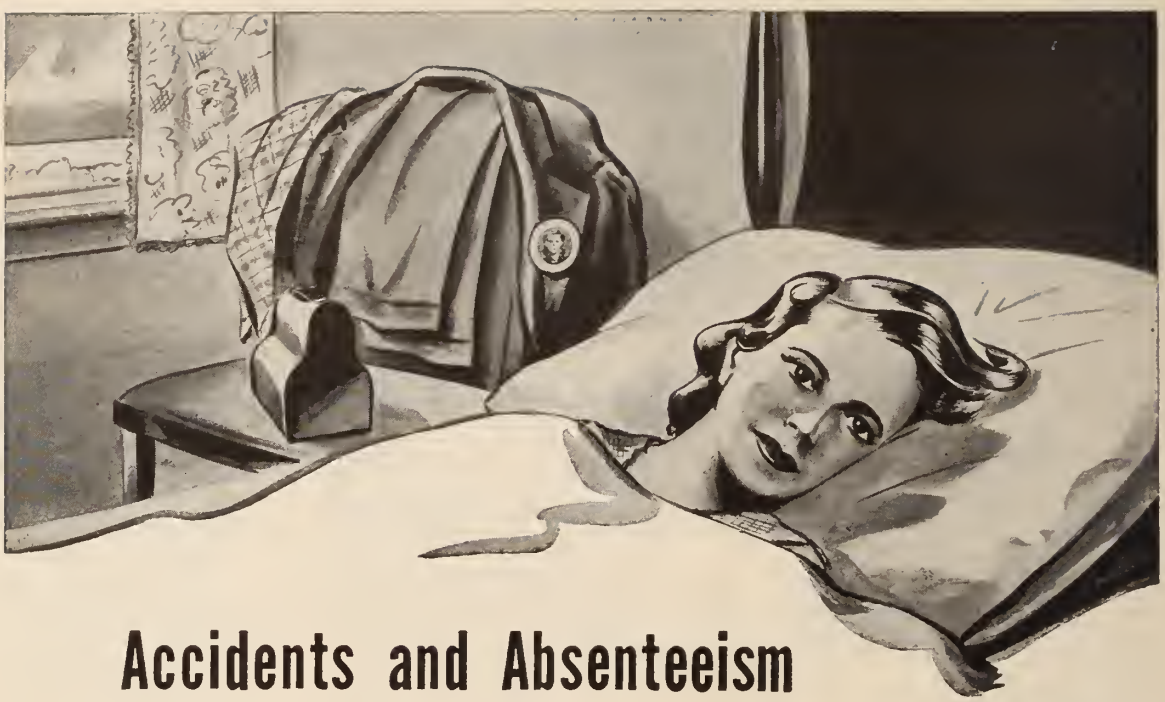


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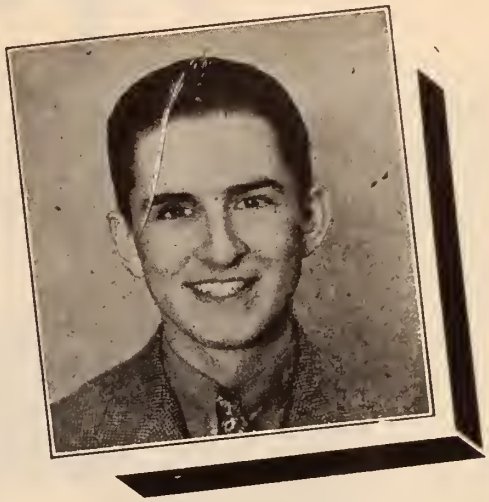
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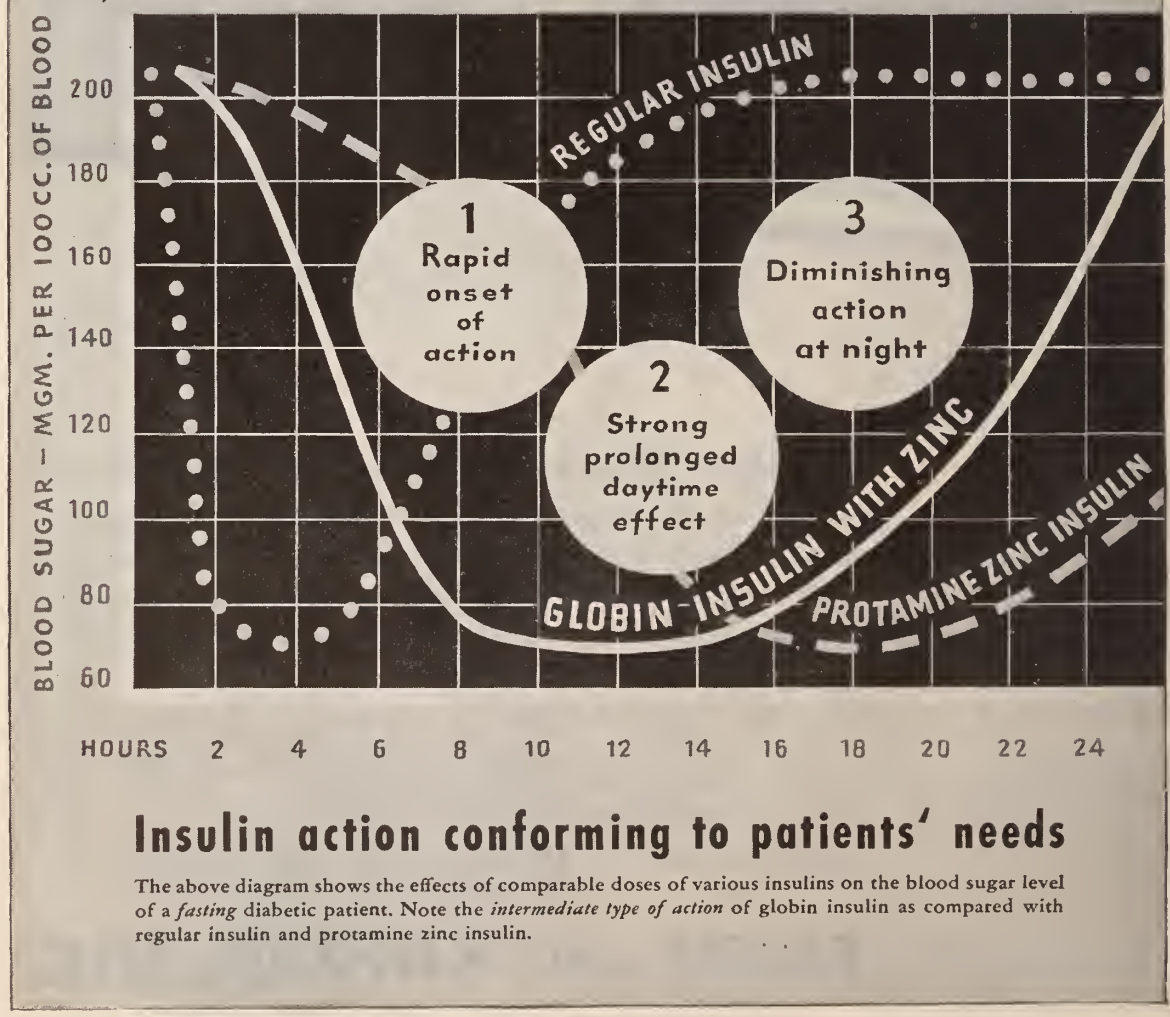
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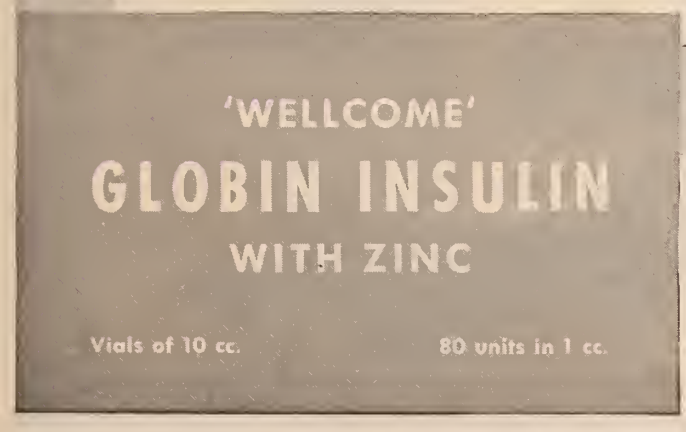
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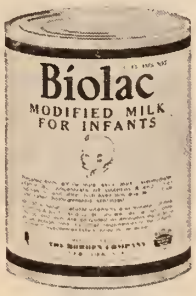
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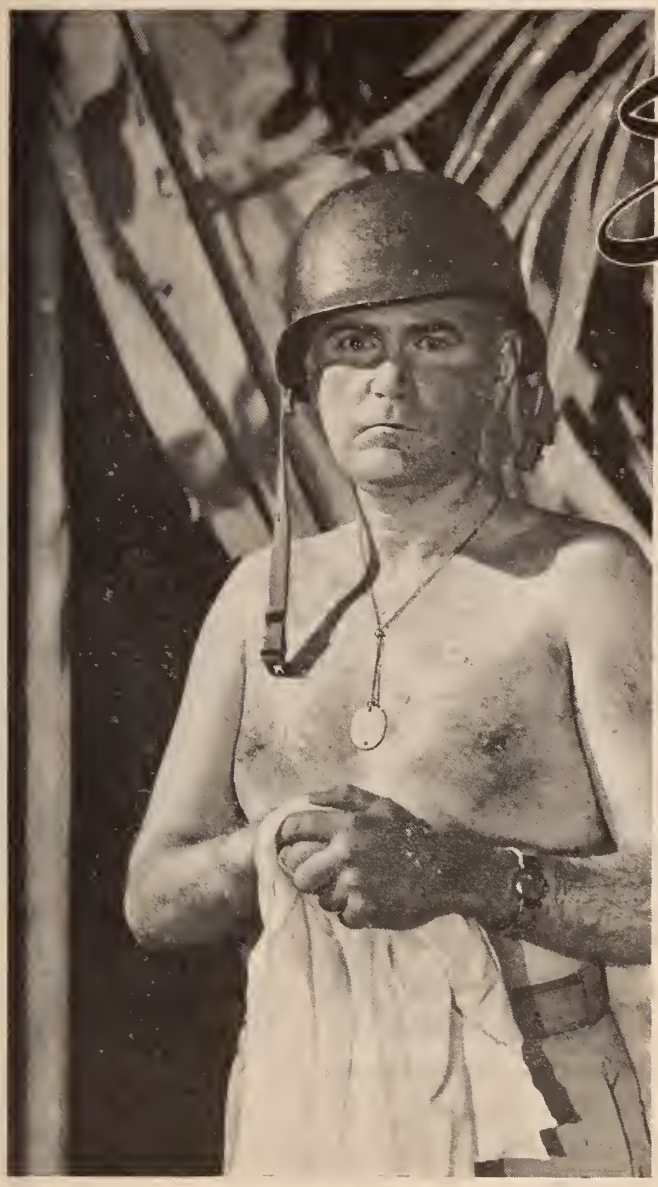
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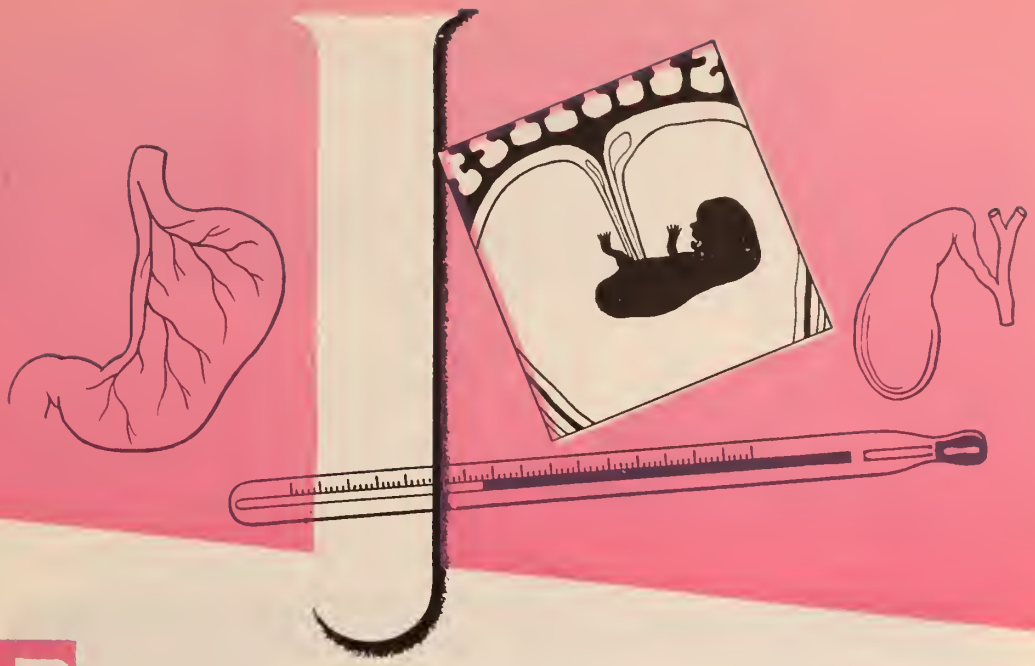
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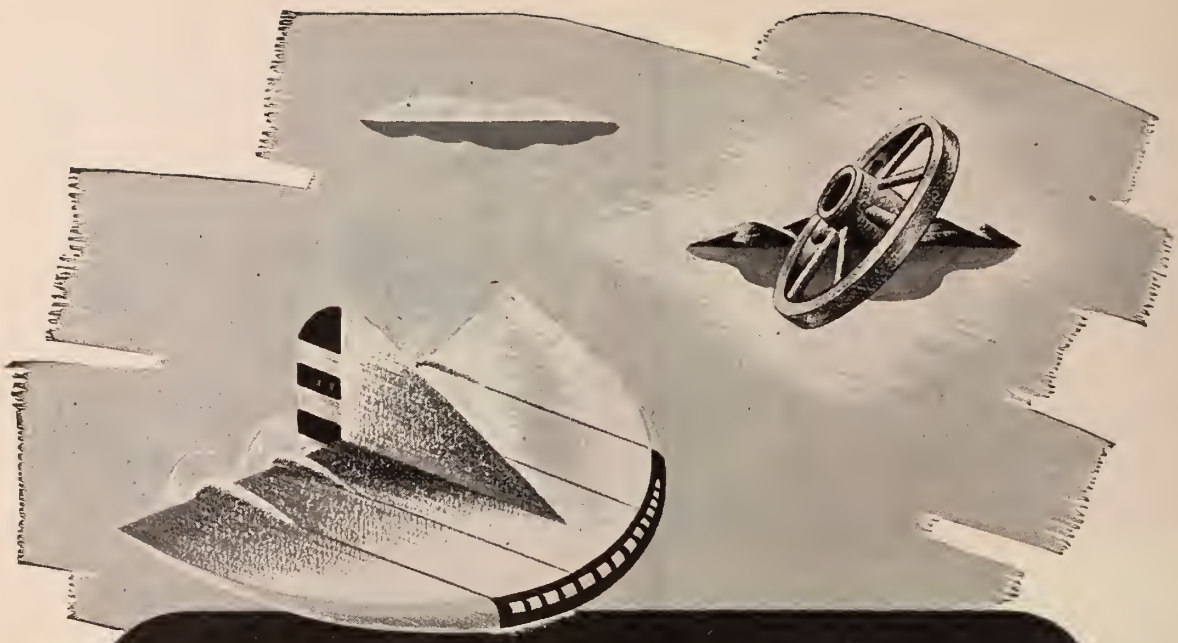
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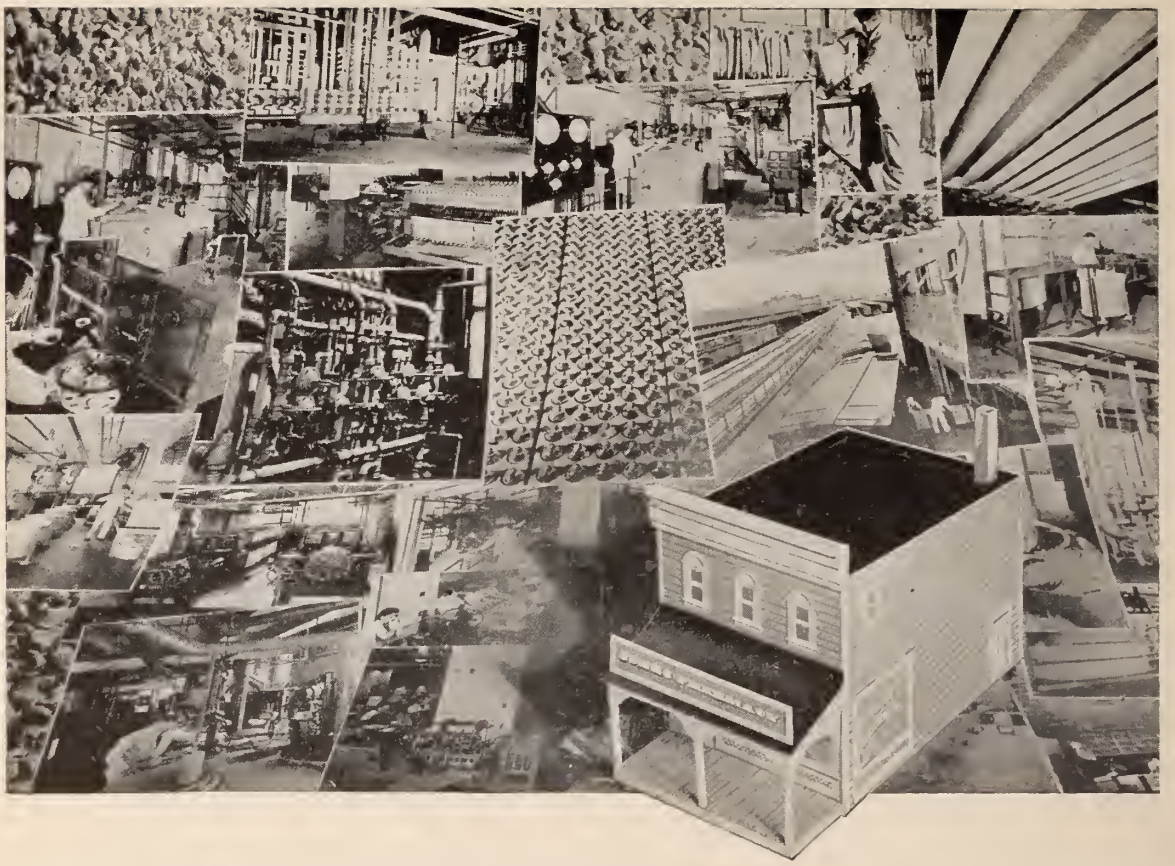
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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY SINCE SEPTEMBER, 1904
Whole Number of Issues, 474

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION



HENRY C. BARKHORN, M.D., Chairman

HENRY A. DAVIDSON, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. 41, NO. 2 FEBRUARY, 1944 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

EPIDEMIC DIARRHOEA OF THE NEWBORN

Communicable disease reports indicate an increase in the prevalence of Epidemic Diarrhoea of the Newborn. This disease, which became reportable in January, 1943, has appeared in the obstetrical department of several hospitals throughout the State.

This type of disorder presents certain clinical features which distinguish it from other diarrhoeal conditions of infancy.

1. A specific age group is involved and reports indicate that infants of two and three weeks are affected. Cases becoming ill after discharge from the nursery and then admitted to the pediatric wards do not cause secondary cases among older infants or children.

2. The onset is sudden and the progress of the clinical course is rapid. Loss of appetite with temperature elevation warrants investigation. Stools increase in frequency early in the disease. The color of the stools may be yellowish or greenish, the stools may contain many bubbles resembling fermentative stools but as a rule there is no blood. Abdominal distension may be very distressing. A previously well and thriving infant rapidly becomes a dehydrated marantic infant in shock.

3. There is no evidence of parenteral infection.

4. Mortality rates as high as 55 per cent have been reported in New Jersey.

5. A filterable virus has recently been isolated by Light and Hodes which regularly produces diarrhoea in calves and which may be the cause of epidemic diarrhoea of the newborn.

The treatment consists mainly in restoring the water balance by intravenous administration of fluids (saline, glucose, plasma). The use of sulfasuxidine as a prophylactic as well as in the course of the disease has been reported.

The important problem still remains

the prevention of the disease. Hospitals with the constant flow of patients, personnel and visitors present a complicated problem in epidemiology. In most instances hospitals have been requested to close their obstetric departments to new admissions. This has not always seemed justified or necessary and every effort should be made to continue the normal functions of the hospital whenever the investigation reveals that this is possible.

Attention is called to the recommendations of the New Jersey State Department of Health on the conduct of obstetric departments, particularly newborn nurseries. This was published in the Journal of the Medical Society of New Jersey (Volume 40, Number 5, May 1943). These recommendations, which have not been changed since their adoption, should be studied carefully as they may reveal transmission paths which need to be guarded.

MEDICAL CARE IN FEDERAL HOUSING PROJECTS

Federal Public Housing Authority and representatives of United States Public Health Service feel that medical care should be made more easily available to residents of certain federal housing projects in New Jersey.

Medical Service Administration has studied this problem and finds little demand among the residents of these projects for a full coverage medical plan and that participation in Medical-Surgical Plan is available to the majority of these residents through their places of employment.

The majority of these residents are earning sufficient salary to provide payment for medical care to meet their individual needs.

The situation is that these projects are located at considerable distance from centers of population and for that reason the distance to physicians' offices is greater than usual.

To meet the needs of Winfield Township in Union County arrangements have been made for a physician of Union County to hold afternoon and evening office hours in the township.

Federal Housing Authority feels that a similar arrangement is indicated to meet the needs of Audubon Park and Bellmawr Park in Camden County. Office space is available within the township at normal cost. The following is quoted from a letter recently received from Federal Public Housing Authority, Washington, D. C.:

"Audubon Park and Bellmawr Park each have 500 war workers' families. They are located a few miles from each other. They are programmed as permanent projects and most of the tenants are people who will continue to live in these projects after the war emergency so that a good physician, locating here, would have a chance to build a permanent practice.

"A private housing project, Crescent Park, adjoins Bellmawr. It has no physician. There are 500 additional families in this development.

"There is a real need for a resident physician since the local doctors are several miles away and are so busy that they cannot easily come to the project, and so inaccessible because of transportation difficulties, that the tenants cannot get to their offices without great trouble."

PREVUE OF THE ANNUAL MEETING

Hotel Claridge, Atlantic City — April 25-27, 1944

SECTION MEETINGS

Wednesday Morning, April 26, 1944

1. MEDICINE, Clarence W. Way, Major, M.C., Chairman

Diagnosis of Cardiac Abnormalities Through the Use of Positional Electrograms (illustrated)
Henry W. Christian, Lt. Col., M.C., Chief of Medical Service, England General Hospital, Atlantic City
Charles S. Morrow, Major, M.C., Assistant Chief of Medical Service and Chief of Cardio-vascular Section, England General Hospital, Atlantic City

Bronchiogenic Carcinoma
Truman G. Schnabel, M.D., Professor of Medicine, University of Pennsylvania School of Medicine, Philadelphia

The Diagnosis of the Continued Fevers Commonly Encountered in General Practice (illustrated)
George Morris Piersol, M.D., Professor of Medicine, University of Pennsylvania, Philadelphia

Medical Treatment of Biliary Tract Disease (illustrated)
Martin E. Rehfuss, M.D., Professor of Clinical Medicine and Sutherland Prevost Lecturer of Therapeutics, Jefferson Medical College, Philadelphia

2. RADIOLOGY, H. Austin Vogel, M.D., Chairman

Cancer of the Lip and Skin (illustrated)
William O. Wuester, M.D., Elizabeth
Discussion opened by:
Lyndon A. Peer, M.D., Newark
Bart M. James, M.D., Newark

3. PEDIATRICS, Harold F. Tidwell, M.D., Chairman

Newer Aspects of Chemotherapy
Benjamin W. Carey, M.D., Assistant Director of Lederle Laboratories, Pearl River, N. Y.
Discussion opened by:
Ellis L. Smith, M.D., Superintendent, Essex County Hospital for Contagious Diseases, Belleville

Lipoid Diseases
Murray H. Bass, M.D., Chief of the Pediatric Service, Mt. Sinai Hospital, New York City
Discussion opened by:
Lawrence C. V. DuBusc, M.D., Elizabeth

4. EYE, EAR, NOSE AND THROAT, Brayton E. Failing, M.D., Chairman

Role of Vitamins in Physiology of Vision
William H. Hahn, M.D., Newark

Oral and Ocular Manifestations of Head Trauma
Richard D. Swain, M.D., Newark

Infection of the Neck (illustrated)
Henry B. Orton, M.D., Newark

Wednesday Afternoon, April 26, 1944

1. SURGERY, Lorrimer B. Armstrong, M.D., Chairman

Post-Operative Care of the Gallbladder Patient
Wilbur Emery Burnett, M.D., Professor of Surgery, Temple University Medical School, Philadelphia

Treatment of Burns, Shock and Hypoproteinemia
Champ Lyons, Major, M.C., Halloran Hospital, Staten Island, New York

2. OBSTETRICS AND GYNECOLOGY, Robert A. MacKenzie, M.D., Chairman

Analysis of One Hundred Puerperal Deaths in Essex County
Alfred Meurlin, M.D., East Orange

The Abortion Problem
Hammell P. Shipps, M.D., Camden

The Federal Aid Program
Julius Levy, M.D., Newark

The Rh Factor
Lyman Burnham, M.D., Englewood

Social Problems of Obstetrics and Gynecology
Alan F. Guttmacher, M.D., Associate Professor of Obstetrics and Gynecology, Johns Hopkins University Medical School, Baltimore

3. GASTRO-ENTEROLOGY AND PROCTOLOGY, Sigurd W. Johnsen, M.D., Chairman

Common Disorders of the Digestive Tract
Sigurd W. Johnsen, M.D., Passaic

Metabolic Disturbances Associated with Cancers of the Gastro-Intestinal Tract
George T. Pack, M.D., Assistant Clinical Professor of Surgery, Cornell University Medical College, New York City

Gastro-Intestinal Problems in the Army
J. Edward Berk, Capt., M.C., Chief of Gastro-Intestinal Section, Tilton General Hospital, Fort Dix

Diagnostic Pitfalls in Proctology
Julius Gerendasy, M.D., Elizabeth

MEDICAL-SURGICAL PLAN OF NEW JERSEY

Experience July, 1942—December, 1943

A REPORT FROM THE BOARD OF TRUSTEES OF THE PLAN

"The time is now ripe for . . . bringing the magic of averages to the rescue of the millions." (WINSTON CHURCHILL speaking on post-war problems, March 22, 1943.)

Supplementing our report as of June 30, 1943 (Journal of M. S. N. J., August 1943), we again report to the physicians of New Jersey. We report at a time when bureau-political control of medicine seems more imminent than at any time in the past.

In this report we present our general observations, emphasizing particularly some of the basic economic factors of voluntary plans and what may be accomplished through these plans.

It seems apparent to us, that if medicine is to attain its rightful place of leadership in guiding its own destiny, and if the strength of opposition by the profession is to be sufficient to influence the present trend toward socialization, the program of the profession must be based upon; 1, a strong, convincing presentation to the public of the accomplishment of medicine under our past methods of practice; 2, an equally sincere and convincing presentation of the dangers involved in a socialized program; 3, the presentation by the profession of a program to correct any present defects and meet our future responsibilities to the people in accordance with the demands of social and economic changes, and 4, a united front.

Voluntary medical service plans, such as Medical-Surgical Plan, represent the only means so far suggested to retain medicine under control of the profession, on a local level, to meet local needs, as an alternative to centralized control of community effort by the federal government.

ENROLLMENT

Our enrollment as of December 31, 1943, was 16,015 persons.

Enrollment growth by six-month periods has been as follows:

In Force at End of —	Contracts	Persons
July, 1942	715	1,636
Dec., 1942	1,849	4,131
July, 1943	5,617	11,973
Dec., 1943	7,362	16,015

Number of Persons per contract—2.18 Persons

We have tried to maintain a steady, progressive growth of about 1,000 persons a month until such time as our predetermined estimates are proven reasonably correct and until defects as demonstrated by experience have been corrected. At present we are not pushing enrollment efforts, awaiting such time as we have made all possible corrections of existing defects.

The average number of persons enrolled per contract is one important economic factor. As of December, 1943, this number per contract was 2.18 persons. Our predetermined estimate anticipated about 1.8 or 1.9 persons. This increase may be due to the decrease in the number of single men and women in industry and their replacement with married women with dependents. It should not seriously jeopardize our actuarial safety and should correct itself after the war period.

ADMISSION RATE PER 1,000

This rate has been about as anticipated. There is a consistent and progressive increase as we assume responsibility for tonsillectomies and maternity care. There is a sharp increase in claims received during the months of September and October of each year. This seems to be due to increased services rendered in August

and September for tonsillectomies in children and elective surgery in mothers, performed prior to the opening of the school year.

Month	Rate per 1000
July, 1942	51
Oct., 1942	76
Feb., 1943	28
Sept., 1943	92
Dec., 1943	59
Eighteen months	62

EXPERIENCE BY MONTHS

The Plan started in July, 1942, with an assured enrollment of 1,600 persons and a capital fund of $5,000.00 donated by The Medical Society of New Jersey.

The following table is based entirely upon income earned by the Plan. Our capital fund remains intact and should be added to the amount shown as reserves.

At the end of our first six-month period, with an operating expense of 51 per cent of earned income, all expenses had been paid and all known claims either paid or money for their payment held in our claim reserve. Note the sharp increase in claims during September and October, 1942, even before we assumed responsibility for tonsillectomies and maternity care. Reserves must be accumulated each year to meet this increased seasonal demand for service.

During the first calendar year, 1943, claims increased to 59.5 per cent of earned income, as compared to 48.4 per cent during the first six months, as we assumed responsibility for tonsillectomies and maternity care. This is very close to the percentage of 59.6 per cent anticipated in our report of July, 1943. Note again the sharp increase in claims during September and October. Operating expenses were reduced from 51.2 per cent to 23.9 per cent. Reserves from earned income were 16.6 per cent.

In the following table all deficits are shown in parentheses.

FIRST SIX MONTHS — July-December, 1942

Month	Earned Subscriptions	Claims Amt.	Claims Pctg.	Operating Expense Amt.	Operating Expense Pctg.	Reserve or (Deficit) Amt.	Reserve or (Deficit) Pctg.
July, 1942	$ 979.25	$ 460.00	47.0%	$ 1,810.04	(184.8%)	($1,290.79)	(131.8%)
August	1,301.50	162.50	12.5%	798.45	61.3%	340.55	26.2%
September	1,564.80	562.50	36.0%	688.53	44.0%	313.77	20.0%
October	2,332.56	1,508.00	64.6%	870.65	37.3%	(46.09)	(1.9%)
November	2,355.67	1,435.50	60.9%	1,056.76	44.9%	(136.59)	(5.8%)
December	2,615.00	1,266.00	48.4%	478.51	18.3%	870.49	33.3%
Totals	$11,148.78	$ 5,394.50	48.4%	$ 5,702.94	51.2%	$51.34	.4%

FIRST CALENDAR YEAR — 1943

January, 1943	$ 3,279.41	$ 1,163.50	35.5%	$ 888.92	27.1%	$ 1,226.99	37.4%
February	3,589.17	1,388.00	38.7%	1,336.91	37.2%	864.26	24.1%
March	3,798.52	1,464.50	38.6%	915.06	24.1%	1,418.96	37.3%
April	4,235.09	2,374.00	56.0%	1,828.20	43.2%	32.89	.8%
May	4,610.81	3,198.50	69.4%	1,187.83	25.7%	224.48	4.9%
June	5,999.32	2,964.00	49.4%	1,244.41	20.7%	1,790.91	29.9%
July	6,353.25	4,339.50	68.3%	809.60	12.7%	1,204.15	19.0%
August	7,821.86	4,686.00	59.9%	1,983.36	25.4%	1,152.50	14.7%
September	8,074.33	6,560.00	81.2%	1,410.28	17.4%	104.04	1.3%
October	8,136.82	7,825.00	96.2%	1,510.37	18.50%	(1,198.55)	(14.7%)
November	8,963.82	3,851.00	43.0%	3,023.97	33.7%	2,088.85	23.3%
December	9,636.07	4,548.50	47.2%	1,647.05	17.1%	3,440.52	35.7%
Totals, 1943	$74,498.47	$44,362.50	59.5%	$17,785.96	23.9%	$12,350.01	16.6%
Eighteen months	$85,647.25	$49,757.00	58.1%	$23,488.90	27.4%	$12,401.35	14.5%

TYPES OF CASES

The percentage of medical cases and their percentage of total cost is less than anticipated. The average cost per medical case is greater than the $25.00 cost we anticipated.

Maternity care is not eligible until after a waiting period of eleven months. As our groups get older we may expect an increase in these costs from 6.1 per cent of total claim costs to about 25 per cent. This will reduce our present percentage of reserves and necessitate a reduction in percentage for operating costs. This should be possible of accomplishment by increasing our volume of subscribers.

Medical-surgical cases are those for which we have paid for both medical and surgical care, such as duodenal ulcers operated upon following a period of medical care, empyema following pneumonia, medical or surgical cases requiring surgical or medical consultations. Formal consultations are less frequent than anticipated.

The cost of all cases, averaging $68.64, varied from $3.00 to $250.00 per case.

Type	% of Total Cases	% of Total Costs	Average Cost Per Case
Medical	17.4%	10.1%	$39.77
Surgical	75.0%	82.1%	75.08
Maternity	6.2%	6.1%	67.56
Medical-Surgical	1.4%	1.7%	86.86

Average cost, all cases—$68.64

HOSPITAL ACCOMMODATIONS

The criterion of hospital accommodations in determining full service or part fee of the physician has been the most controversial factor of the Plan. To promote unity among the profession we hope by proper legislation to correct this alleged defect. Experience in 1943 was as follows:

Private Room Cases	13%
Semi-private Room	82%
Ward	5%

INCOME AND CLAIM COST

Our original estimates, based upon studies of hospital admission rates and types of cases admitted to hospitals, indicated we could pay fees in accordance with our schedule of benefits on a monthly income of 58 cents per person. To allow for anticipated higher operating costs and unpredictable contingencies we felt our subscription rate as finally determined might provide an income as high as 65 cents per person. Actual experience shows our income per person to be 60 cents per month. It varied from month to month according to the number of single contracts added to our enrollment, being decreased when our family contracts contained a larger number of persons. Claim costs have averaged 35 cents per month per person, leaving 25 cents for operating costs and reserves. Claim costs will increase as we assume responsibility for more tonsillectomies and obstetrical cases. Claim costs are highest in September and October.

Month	Per Contract Income	Per Contract Claim Cost	Per Person Income	Per Person Claim Cost
July, 1942	$1.37	.64	.60	.28
October	1.56	1.01	.71	.46
December	1.41	.68	.63	.31
July, 1943	1.19	.81	.56	.38
September	1.27	1.03	.60	.49
October	1.26	1.21	.59	.57
December	1.28	.64	.59	.29
Eighteen months	1.30	.76	.60	.35

THE REAL PROBLEM

The real problem facing voluntary medical insurance plans is to provide payment for the correction of existing defects among insured groups at a cost which will assure adequate income to the profession as a whole. The total cost of claims in each group will decrease in proportion to the length of time they are insured and in accordance with the percentage of enrollment. Examples of these facts are shown in our experience with groups such as the following:

IDEAL GROUP

Enrolled in Hospital Service Plan for 5-7 years
Enrolled 100% in Medical-Surgical Plan.
Entire subscription cost paid by employer.

Claims cost..... 12.3% of subscription income
Operating costs .. 35.7% of subscription income
Reserves ..... 52.0% of subscription income

DEFICIT GROUP

Short enrollment period in Hospital Service Plan.
20-30% of employees enrolled in Medical-Surgical Plan.
Claims cost ..... 73.2% of subscription income
Operating costs .. 37.5% of subscription income

110.7%

Deficit ..... 10 %

Should the existing defects among all groups be reduced to the level of those in the ideal group we would have to reduce our subscription costs or increase by several times the benefits payable by the Plan.

MINIMUM INCOME TO PROFESSION

While these existing defects are being corrected we must assure adequate income to the profession as a whole. The minimum income to the profession from Medical-Surgical Plan, for services rendered in hospital, may be expressed as follows:

Annual Income per Enrollment	*Income to Profession*
Per person enrolled	$ 7.20
Per 1000 persons enrolled	7,200.00
Per family unit of 4 persons	28.80
Per 1000 family units of 4 persons	28,800.00

Per Population of New Jersey

Assuming one million family units of 4 persons ..... $28.8 million

Assuming 4,500 practicing physicians
Annual income per physician 6,400.00

Less operating costs of the Plan.

CONCLUSIONS

The problem of providing payment for adequate medical care of catastrophic illnesses in New Jersey may be solved by voluntary medical service plans, providing these plans have the united support of the medical profession.

If present methods of medical practice are to be changed, voluntary medical service plans may offer the only alternative for a compulsory federal program.

Through such plans the profession may solve its own problems, at a local level, to meet local needs.

31 Clinton Street
Newark, N. J.
January 20, 1944

ORIGINAL ARTICLES

BREAST MILK FOR EMERGENCY FEEDING*

Warren Ripley, B.S., M.D., Montclair, N. J.

In the long struggle to reduce the death rate during the neonatal period, breast milk has always held an important place. Indeed today, when statistics from many parts of the world show an alarming decrease in maternal nursing, breast milk may be termed a therapeutic agent.

Believing that a constantly available supply of breast milk would materially aid in reducing the mortality rate in newborn infants, the Child Welfare Committee of the Essex County Medical Society, of which Chester Brown was then chairman, set up a breast milk station at the Coit Memorial Hospital in Newark. The milk, which was kept in a frozen state, was sold upon a physician's order to hospitals and to individuals throughout the area. For the most part the milk was obtained from the Mothers' Milk Bureau of the Children's Welfare Federation in New York City. This milk was received in frozen tablets, having been pasteurized and frozen by a quick-freezing process using dry ice.

The system was very satisfactory and the milk was widely used by the profession throughout the county. However, with changing conditions and the increasing demand for breast milk, it became difficult and eventually impossible to obtain a sufficient amount of milk to maintain an adequate supply on hand.

In the early summer of 1941 Mrs. Ann L. Clark, R.N., the supervising nurse on the obstetric service at Mountainside Hospital, called my attention to the fact that we had on the service a potential source of supply for breast milk, and asked if she might try to develop it. The proposition was investigated, the obstetricians and other persons interested were consulted, and after being assured of the interest and coöperation of all concerned we started collecting excess breast milk.

Our plan was based on the procedure followed at the Presbyterian Hospital in Chicago.[1] The newborn infants at Mountainside are under the care of the Pediatric Department, and since the supply of breast milk is a pediatric problem, the plan necessitated a wholehearted coöperation not only of the pediatricians and obstetricians, but also, of the two nursing staffs. Without the enthusiastic support of the obstetric nurses potential donors are not found. The obstetricians must be convinced, if we expect them to give consent for the use of the breast pump, that the removal of excess milk from congested breasts insures continued lactation in their patients.

As a routine, mothers and infants are discharged from the hospital ten days postpartum, and we have not attempted to secure milk from mothers who have left the hospital. Thus our milk is all from mothers of babies less than ten days old. This brought up two questions: first, would the quantity of excess milk be sufficient to maintain a reserve supply, and second, would this early milk be suitable for general use? We have found that the quantity of milk salvaged by our plan has been ample to supply the needs of the hospital, and also we have in the past year supplied several hundred ounces for use in other hospitals and in the home. We have no complaint as to the quality of this early milk. In our experience the majority of the babies needing breast milk are premature infants for whom early milk would logically seem to be the best. In general, the indications for a switch from cows' milk to breast milk are the inability of the infant to handle heavy feedings. So here again early breast milk may be used with advantage.

Since this report of our experience is given with the idea of encouraging the establishment of "Milk Banks" in hospitals throughout the state, I will describe our situation in order to

* From the Department of Pediatrics of The Mountainside Hospital, Montclair, N. J.

1. Mary L. Watson, R.N.: "Our Frozen Milk Bank." Amer. Jour. Nursing, 41: 672-674, June 1941.

give a clear picture of the similarities and differences that may exist in the situation of the reader.

Our maternity service consists of 41 private beds and 19 ward beds. The pediatric service consists of 60 bassinets and six incubators. There are also private and ward cribs. The beds for older children are not pertinent to this discussion. During the twelve months covered by this report there have been 1278 deliveries. The number of premature infants, or infants whose birth weight was less than five and a half pounds, was 48. The number of babies who needed breast milk from the "bank" was 22.

Our equipment at the start was made up from what we already had in the hospital, to wit: one electric (Abt) breast pump, one ice cream storage box capable of maintaining a temperature of —10° F., a few dozen 4 oz. nursing bottles with rubber caps, and the facilities of the formula room. The procedure is as follows: As soon as the mother's breasts become engorged the baby is put to breast and allowed from three to seven minutes on each breast at three to four-hour intervals, depending on the size of the baby and the condition of the breasts. After each nursing or at four-hour intervals during the day (not at night) the electric breast pump is applied and all remaining milk is collected. This milk is fed to the baby by bottle if needed, but if it constitutes an excess over the baby's requirements it is pooled with the excess from other mothers and processed for preserving.

The pooled milk is then taken to the formula room on the pediatric floor where it is measured, and then boiled or held at the boiling point for ten minutes. After it has been cooled it is placed in a sterile graduate and brought to its original volume by adding sterile distilled water. It is then poured into sterile four-ounce nursing bottles, three ounces to a bottle, and capped. These bottles are dated and placed in racks, and then put into the freezing box at —10° F. where they are held until used. When taken out for use the milk is thawed at room temperature, boiled again, evaporation replaced and the proper amounts measured into feeding bottles according to the prescription for the individual baby who is to be fed.

It takes about fifteen to twenty minutes to freeze these three-ounce quantities. The question of quick versus slow freezing processes was investigated with the result that we found a difference of opinion.[2,3,4] Because of its simplicity and the fact that it fitted in with the equipment available, we decided to try this slow method and we have found it satisfactory so far as our experiment has gone. Supplemental vitamins are easily supplied and we have not had any trouble as to physical changes in the milk resulting from the freezing method. However, it seems that rapid thawing is apt to be accompanied by a separation of butter fat. We have experienced this trouble, but find that a brief and vigorous shaking brings about a sufficient emulsification for practical purposes.

Bacteriological tests have shown that our frozen milk is not sterile, and thus reboiling after thawing is necessary. Triple pasteurization on three consecutive days is probably a better method and we are trying to institute this process, but in the face of a shortage of nurses and the so far satisfactory results of the present method, we are having some difficulty in making the change. We have salvaged an average of 132 ounces of breast milk a month which, without our "bank" would have been lost. No one can say what this means in saving of life and in the advantage to babies whose mothers have been enabled to continue breast feeding. We have had no ill effects, and many encouraging results.[5]

There are several practical things which we have learned about conducting a breast milk service. We started with the idea that to be successful we must have the full coöperation of all concerned, the physicians, both obstetricians and general practitioners, the nurses, and not least the mothers. This was obtained gradually by what we meant to be a diplomatic approach. We contended that it was not only unnecessary but unwise to pay the mothers for the excess milk obtained. We believe that we

2. Scheuer, Lewis A., and Duncan, Jessie E.: "A Method of Preserving Breast Milk." Amer. Jour. Dis. Child., 51: 249-254, Feb. 1936.
3. Smith, L.: "Experimental Feeding Dry Breast Milk." Jour. Biol. Chem., 61: 625-631, Oct. 24.
4. Smith, C. A.: "Technology of Human Milk." Jour. of Pediat., 20: 616-626, May 1942.
5. Duncan and Walker: Jour. Hygiene, London, 42: 451-570, Oct. 1942.

are rendering a distinct service to the mothers by relieving the discomfort and danger of the early engorgment of the breasts, and at the same time increasing the probability of continued breast feeding after discharge from the hospital. This is in accord with the observation of Waller [6] that "the common tendency of the breasts to become over full at the onset of lactation involves a risk to the continuance of milk secretion". Persistent and continued use of the electric breast pump seems in our experience to reduce this risk although it does not weaken Waller's contention that suction or "the child's demands for food are unreliable as a means of reducing a state of high breast tension". We believe it possible that this procedure may stimulate the draught reflex of Waller.

In order to safeguard a limited quantity of breast milk from wasteful use, and to assure a supply in cases of dire need a price per ounce may be set which is high enough to accomplish this end in a given locality. Our initial price was thirty-five cents. This price is very flexible and is adjusted to the means of the purchaser by the financial department of the hospital. That part which is supplied free of charge is prescribed only by a member of the pediatric staff so that unnecessary use is closely controlled. There is a tendency, however, among the physicians of private cases to continue the use of breast milk longer than sometimes seems necessary even at a high cost to the patient. While the gross income from the sale of breast milk has averaged about $80.00 a month, it can be appreciated that if the cost were figured on a basis of nurses' time, cost of equipment and supplies, etc., there would be no actual profit. However, out of this income we have bought a third breast pump, another freezing unit, and all of the supplies used. We are now gradually reducing the charges made so as to determine the lowest price that will suffice to cover expenses and prevent the wasteful use of this most valuable therapeutic agent.

STATISTICAL RECORD OF EXPERIENCE WITH A BREAST MILK BANK

Ann L. Clark, R.N.

During the twelve-month period covered by this report, there were born at The Mountainside Hospital 48 babies whose birth weight was less than 5 pounds and 6 ounces. This is slightly over 3.7 per cent of all deliveries. Twenty-two of these premature infants received breast milk from the Bank. Of the 26 not fed from the Bank five died before they were old enough to take food, five were able to nurse at breast and two were hopeless because of congenital anomalies. Fourteen were able to take cows' milk formulae. Of those receiving milk from the Bank one died of erythroblastosis, one of stenosis of the esophagus, one of surgical intestinal obstruction, and two of unknown cause (prematurity). None were lost because of nutritional or digestive causes. The smallest infant to survive weighed two pounds (908 gm.). The average weight was four pounds and four ounces (1920 gm.).

Of the 1278 mothers delivered 221 donated 1589 ounces of breast milk. The greatest amount from one mother was 185 ounces in nine days. The greatest amount from one mother in 24 hours was 48½ ounces. Both of these mothers were also nursing healthy gaining babies. The average number of days a mother had excess milk during hospitalization was five. This is the result of an attempt to avoid an excess at discharge by not pumping the breasts dry during the last two days before discharge. Many of the mothers had an excess for only two or three days after which the baby took the total amount secreted. Several mothers whose babies had milk from the Bank in the first few days were later able to nurse their babies and also repay in milk the "loan" from the Bank.

While health checks including Wassermann

6. Waller, H. K.; M. B. Camb: "Reflex Governing the Outflow of Milk from the Breast." Lancet, No. III. Vol. 1, p. 69, Jan. 16, 1943.

tests and family and personal history were made on all donors, milk was rejected in only one case, that case being a cracked nipple.[7]

A record is kept of all donors and the amounts of milk donated. In one instance a donor later had occasion to need breast milk for her own baby and was of course given credit for the baby's requirements.

Rh SUBSTANCE IN TRANSFUSION REACTIONS

Koucky presents the nature of the reactions due to Rh sensitization and discusses the Rh substance, the Rh antibody and other aspects of this problem, citing 16 illustrating case reports. He stresses that the Rh substance is similar to the A and B substances which determine the division into the four blood groups. Rh positive individuals cannot become sensitized. Rh negative individuals, if inoculated by transfusion—or during pregnancy from the fetus—may develop antibodies. The Rh substance varies in its antigenic property: some persons become sensitized very readily, while others do not. The antibody which can be demonstrated in the laboratory is the agglutinin. Apparently other types of antibodies are formed which are not detected by laboratory tests but will produce transfusion reactions or erythroblastosis in the fetus. The absence of demonstrable agglutinins, therefore, does not exclude the presence of dangerous antibodies. In pregnancy the antibodies may develop between the eighth and twelfth weeks, so that transfusions after early abortions must be handled as those later in pregnancy. An investigation of the obstetric history of women should be made prior to a transfusion and, if evidence of erythroblastosis in the babies is present, the possibility of sensitization should not be overlooked. Except under rare circumstances whole blood should never be given to pregnant or puerperal women until their Rh grouping is known. If multiple transfusions are to be given, a knowledge of the Rh grouping is very helpful. If Rh positive, the transfusion program can be carried out with no worry relative to Rh sensitization. If the patient happens to be Rh negative, an attempt may be made to complete the transfusion program within the five or six day period before antibodies can develop. After reactions develop, the transfusion program can be continued but only by using Rh negative donors. In transfusing erythroblastotic babies, the mother's blood should not be used. — Koucky, Minnesota Medicine, Nov. 1943, p. 980.

SULFADIAZINE IN THE TREATMENT OF THE COMMON COLD

1. Seventy-two colds in 66 different persons were followed clinically and bacteriologically; 48 received sulfadiazine 3.0 Gm. daily by mouth for four days, while 24 served as controls.

2. Following sulfadiazine, the nasopharyngeal flora as observed by serial cultures showed a uniform decrease in total number of organisms and a check in the growth of pathogens.

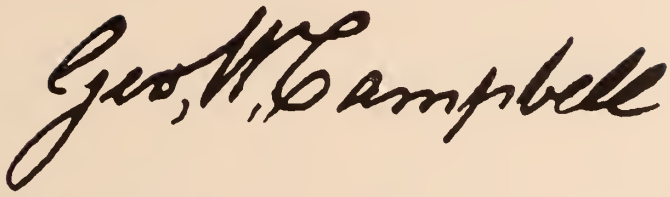
3. The clinical course of the treated colds showed no striking difference from that of the controls; however, there appeared to be some amelioration of symptoms due to control of secondary bacterial infection.

4. As a result of this study, we are opposed to the routine use of sulfonamides in the treatment of the common cold but would favor their use in a few selected cases as a protection against severe secondary infection.—Cecil et al., J. A. M. A., Vol. 124, No. 1, p. 8.

7. Chamber, J. Clarence, Jr., M.D.: "Mothers' Milk Bank in a Large Municipal Hospital." Hospitals, 16: No. 6, p. 79, June 1942.

DR. GEORGE W. CAMPBELL

1748 - 1798



William King Campbell, M.D., F.A.C.S., Long Branch, N. J.

April 9, 1723, John Campbell, of Monmouth County, East New Jersey, bought of Joseph Hamton, of Bucks County, Pennsylvania, a plantation of somewhat over 100 acres on the northwest side of the Burlington Path; so reads the record in Book G, page 119, of the County Clerk's office in Freehold, N. J. Sometime prior to 1734 he became "John Campbell, Esq., His Majesties' Justice for the Court of Pleas and Sessions of Monmouth County", in which position he served until 1749. At his death his plantation passed to his son John, born 1719.

January 22, 1746/47, this John Campbell married Rachel Walker, the daughter of George and Esther Walker. Their first child was born a year later, on January 7, 1747/48, and on April 17, 1748 he was baptised George Campbell, at Christ Church, Shrewsbury, N. J.

At this time the locality of the plantation was known as Monmouth Court House, due to the establishment there in 1713 of the Monmouth County Court and the building of a court house among the several plantations in that vicinity; however during the succeeding thirty-five years it had become a community of some ten or fifteen houses and buildings. It kept the name of Monmouth Court House until after the Revolution although the surrounding territory was called Freehold, that being the name of the township; therefore the town was also known interchangeably as Monmouth Court House and also as Freehold.

As we have seen, his father's plantation was on the northwest side of the Burlington Path (now the Main Street of Freehold), and ran from the southwest limit of the present town of Freehold to the Jacob Scudder plantation, which intervened between his land and the Englishtown road, on which road was subsequently built St. Peter's Church.

George undoubtedly was sent at an early age to the private school conducted by the Rev. William Tennent, who was the pastor of the nearby (2½ miles distant) and only Presbyterian church, then called the Presbyterian Church of Freehold, though later, due to the long and prosperous pastorships of Rev. John Tennent, 1730-1732, and of his brother, Rev. William Tennent, 1733-1777, came to be known as Old Tennent Church, by which name it has come down to the present time.

Following his preliminary education he undoubtedly began the study of medicine under the preceptorship of Dr. Nathaniel Scudder, whose father, Jacob Scudder, owned the adjoining plantation. (See Note 1.)

In those times it was customary for a youth who was inclined to study medicine, to attach himself to a neighbor physician as an apprentice for a period of from five to seven years, during which time he would study the books of the tutoring physician, observe his methods of treating the sick, make up the medicines and do miscellaneous chores for his preceptor.

It is probable that he continued as Dr. Scudder's assistant until the outbreak of the Revolution, though we cannot be certain of this, due to the fact that the account books of Dr. George W. Campbell were in the possession of Rue Campbell, a nephew, until about 1860 or 1880, when they were borrowed by two men who were doing some research work and were never returned. It is possible that much light could be thrown on his history could these books be found.

He was just past 29 years of age when on April 1, 1777, he was appointed Surgeon to the Hospital of the Flying Camp, Continental Army (of which his father was Quartermaster) and served in this position during the trying times at Valley Forge. During the late spring of 1778, while at Valley Forge, he, then second surgeon of the Middle Department, with some one thousand other officers of the Continental Army, signed the Oath of Allegiance to the United States. (Adj. Generals Dept. Records.)

He evidently was quite intimate with the higher officers, to quote from a letter to him from Dr. John Cochran, Director General of the Medical Dept. (quoted in part in "Medical Men of the Revolution, by Lt. Col. L. C. Duncan," Bulletin No. 25, U. S. Medical Dept.): "whether my present station will contribute to my future happiness time only may discover. But if I have no better success than my predecessor, my lot must be unfortunate indeed. A determined resolution to conform to the rules of right, and the support which I have now some reason to expect, from every gentleman of the department, will, I hope, protect me against the malevolence of my enemies, if I have any.

"I say, if I have any, for sure I am that I never put a thorn in any honest man's breast.

"Signed,

"March 16, 1779 JOHN COCHRAN."

(See Note 2.)

He was with the army during the winter of 1779-1780 at Morristown, N. J., and on December 27, 1779, he accompanied General Washington with a number of other officers on a visit to American Union Lodge of Masons, who held a communication at Morristown in celebration of St. John's Day; their minutes giving the list, headed by General Washington and followed by the list of "distinguished officers" accompanying him.

On September 17, 1781, a recommendation was submitted to Congress by the Board of War, and approved by the Director: "Resolved; that Drs. Joseph Young, Goodwin Wilson, Daniel Jennifer, Samuel Edmondson, and George Campbell, eldest Surgeons Mates, be promoted to the rank of Hospital Physicians and Surgeons, to fill the vacancies by resignation of Drs. Bloomfield, Scott, Hagan, and Jackson and the promotion of Dr. Burnet."

At the close of the Revolution he joined with the officers of the Army in the formation of the Society of the Cincinnati. His membership certificate, still in existence and in the possession of Milton Campbell Mook, a descendent, was dated May 24, 1784, and signed at Mt. Vernon by George Washington as President and Henry Knox as Secretary of the Society.

The Revolution being ended, he apparently returned to Freehold among his relatives and friends. However, he did not stay there long, possibly due to the fact that some relatives were established near Philadelphia and at Woodbury, N. J.; and further due to the fact that the Continental Congress seemed to be establishing its meeting place in that part of the colonies, having met in Philadelphia July 2, 1778, to June 21, 1783; in Princeton, N. J., June 30, 1783 to November 4, 1783; at Annapolis, Md., November 26, 1783, to June 3, 1784; and at Trenton, N. J., November 1, 1784, to December 24, 1784. He elected to establish his practise at Woodbury, N. J., and purchased there on March 24, 1784, a house and land of Thomas Denny, High Sheriff of Gloucester County, adjoining the land of John Cooper, a member of the Continental and also of the Provincial Congress. This property lies on the present Broad Street of Woodbury (Gloucester County Clerk's records). There he, with his brother, Duncan Campbell, started the practise of medicine.

After he had been in Woodbury a sufficient length of time to have an established practise, he returned to Freehold for a long enough time to marry Charlotte Craig, the daughter of John and Jane Craig, a neighboring planter, whose prosperous plantation was in close proximity to the plantation of his father. At this wedding, Charlotte's father presented her with a slave girl, Phyllis, who seems to have been the only slave that Dr. George Campbell owned, though his father was the owner of a number of slaves. Charlotte died when but

twenty-five years old, on July 4, 1794, she being much younger than her husband, and though he was yet a young man he did not remarry; however, the slave girl Phyllis served him until his death when in his will he bequeathed her to his brother-in-law, Daniel Craig, Esq., of Freehold.

He seems to have been quite active in Woodbury not only in establishing an extensive practise but taking part in the civic affairs of the community.

He not only practised with his brother Duncan but he took in a partner, Dr. Benjamin Whitall, which partnership seems to have been quite profitable, for at his death his inventory shows that his share of the book accounts of the partnership amounted to $1,405.41, that being one-half of the total book accounts of $2,810.82; and in addition to that his own book accounts shows a balance due him from patients amounting to $2,929.33, stated as being "clear of Partnership accounts".

November 6, 1787, The Medical Society of New Jersey held a meeting at Burlington, at which meeting Dr. George W. Campbell was elected to membership. Unfortunately I have not been able to find further accounts of his activity in the State Society records.

He was the first signer, and a subscriber, to the General Assembly of New Jersey, August 3, 1788, to have a law passed to build a market house at Woodbury. In the 1793 Military Census for Deptford Township, his name appears on the enrollment.

Woodbury Lodge No. 11, F. & A. M., was instituted with a membership of nine in December, 1792, and on May 6, 1793, Dr. George W. Campbell was initiated a member. From the fact that he accompanied Gen. George Washington on a visit to a communication of American Union Lodge at Morristown, he quite evidently was a Mason, possibly having been raised in one of the Army Lodges, and this "initiation" may have been an affiliation.

From the Diary of Samuel Mickel, a prominent resident of Woodbury at that time, we learn: "October 28, 1792, Called in Dr. Duncan Campbell, for Mary Gill, one of our girls." "April 4, 1793, This day propose to Andrew Hunter and Dr. George W. Campbell that ye inhabitants of Woodbury supply themselves with fire buckets." "August 26, 1798, Dr. John Otto, now lies at Dr. Campbell's opposite our house." (See Note 3.) "September 21, 1798, George W. Campbell, ill (not dead as published), probably yellow fever." "September 22, 1798, Dr. Campbell buried."

Thus he died of yellow fever contracted in the pursuit of his profession, on September 22, 1798, as shown in the old family Bible and as corroborated by Samuel Mickel's Diary, apparently being buried on the same day that he died.

He was buried in the Presbyterian Church Yard on North Broad Street, Woodbury, and according to Mr. Ernest Redfield, the Vice-President of the Gloucester County Historical Society, his headstone still stands.

Note 1—Dr. Nathaniel Scudder was born on his father's plantation, adjoining the plantation of John Campbell, on May 10, 1733. He graduated from Princeton College in 1751, and was afterwards one of the Board of Trustees of that college. He became a physician and settled at Monmouth Court House, where he established a very large practise. Ellis History says: "He was an ardent patriot and wrote many articles which were published in the public prints of that day, against the tyranny of the mother country, which served to arouse his countrymen to engage in the conflict of the Revolution. When the war began he gave up a lucrative professional business and went to the field. The Legislature at once appointed him Lieutenant-Colonel of the First Regiment of Monmouth and he soon became the Colonel. He was also a member of the Committee of Safety. He was a member of the Legislature for several years, and in 1776 was Speaker of the House. In 1777 he was chosen a member of Congress and served for two years. He signed the Articles of Confederation. In June, 1778, Congress had a short recess during which Col. Scudder came home and was present at the Battle of Monmouth. * * * After his term in Congress expired, Col. Scudder, with Gen. David Forman, was engaged in repelling frequent incursions of the enemy. On the 16th of October, 1781, at Black Point, near Shrewsbury, while operating against a large force of British, Col. Scudder was killed by a shot from the enemy."

Dr. Nathaniel Scudder was President of The Medical Society of New Jersey in 1770. (N. J. Med. Soc. Records.)

Note 2—Dr. John Cochran, 1730—1807, was from New Brunswick and was President of The Medical Society of New Jersey in 1768. In 1777 he was Physician and Surgeon General in the Middle Department of the Continental Army and under Dr. William Shippen, Director General of the American Hospitals. In February, 1777, he, with Dr. Shippen,

had drawn up a plan for the reorganization of the Medical Department, which was submitted to General Washington and by him to Congress. In January, 1781, he succeeded Dr. Shippen as Director General of the Medical Department of the American Army. (Dr. Cochran was born in Pennsylvania, studied medicine under Dr. Thompson of Lancaster, Pa., and was practising at New Brunswick when the Revolution broke out. He was made Assistant Director of the Flying Camp, 1776; Surgeon General of the Middle Dept., 1777; Chief Physician and Surgeon of the Army in 1780 and Medical Director General January 3, 1781.)

Note 3—Dr. John Otto: According to J. E. Gibson, author of "Dr. Bodo Otto", an interesting book on the Hospitals of the Revolution, this John Otto was a grandson of Dr. Bodo Otto. Also I find that Colonel (Dr.) Bodo Otto, Jr., the father, practised at Mickleton, near Woodbury, prior to and during the Revolution.

FEVER THERAPY

From a review of the subject of fever therapy in ophthalmology it would appear that certain conclusions are justified.

1. Milk injections are of particular value in the treatment of infants, especially those with ophthalmia neonatorum, since the injections usually cause a fever of 100 to 103 F. This applies even though the sulfonamide compounds are used, as it has been shown that their action is greater in the presence of elevated temperature.

2. Diphtheria antitoxin has many disadvantages, but its use in the treatment of sympathetic ophthalmia seems justified.

3. Typhoid vaccine is the most useful and generally used agent to produce fever for the treatment of acute lesions of the eye and its adnexa. On the theory that vasodilatation may be a factor in the beneficial results, smaller doses administered over a longer period seem as effective and cause less shock and discomfort. The temperature reaction in a series of cases in which smaller doses were used corresponded closely to that obtained in a series in which the average first dose was 53 million and the average second dose was 80 million organisms. There are certain rather definite contraindications to its use.

4. When a milder fever is indicated or the patient's condition does not warrant typhoid vaccine, the use of Coley's mixed toxins is advisable. This preparation has the advantage that hospitalization is not necessary.

5. Omnadin has a place in the treatment of acute conditions when shock therapy must be avoided but leukocytosis and a rise in the antibody content of the blood are desirable. It is not as effective as typhoid vaccine or other forms of foreign protein but can be used when they are contraindicated.

6. The use of malaria is not justified for ophthalmic diseases.

7. Hyperpyrexia induced by high frequency methods is still in the experimental stage. Further observations are necessary to disclose the conditions in which it is most effective and to establish the dosage compatible with safety.

8. Of the various physical means used to produce hyperpyrexia, air conditioned cabinets of the Kettering hypertherm type are best. Production of fever by physical means is most efficacious in the treatment of gonorrheal conjunctivitis and syphilitic keratitis and iridocyclitis. It is particularly useful in the treatment of syphlitic diseases of the eye. Because of the severity of the treatment it should be used only in those cases in which other forms of therapy are unsatisfactory.—Cordes, J. A. M. A., Vol. 124, No. 1, p. 14.

SUBLINGUAL ADMINISTRATION OF DRUGS

The sublingual administration of drugs is a simple and, at times, an advantageous technic for those few drugs with an adequate degree of penetrability. The majority of drugs, however, do not penetrate the oral mucosa in significant amounts, and it is unsound practice to rely on this technic with any drugs whose effectiveness by this route has not been conclusively demonstrated.

A simple in vitro correlation, depending on solubility characteristics, largely determines the ability of drugs to penetrate the oral mucosa. As new drugs are developed, it is suggested that those which give promise according to this criterion be subjected to adequate trial by absorption experiments in animals and human subjects.—Walton, J. A. M. A., Vol. 124, No. 3, p. 138.

STATE ACTIVITIES

"SOCIALIZED MEDICINE" PAMPHLETS FOR YOUR WAITING ROOM

The following article "What About Socialized Medicine?" has been reprinted in a small eight-page folder for distribution to your patients; the purpose of which is to educate the public on the dangers of Socialized Medicine and to enlist their coöperation in combatting the Wagner Bill.

All members are urged to display one of the illustrated placards in their waiting rooms and to have the pamphlet available for their patients.

A placard and supply of pamphlets will be sent to each physician, without charge, upon request to the Executive Offices of the Society, 222 West State Street, Trenton 8, N. J. Send in your request at once; a postal is sufficient.

Committee on Social Security.

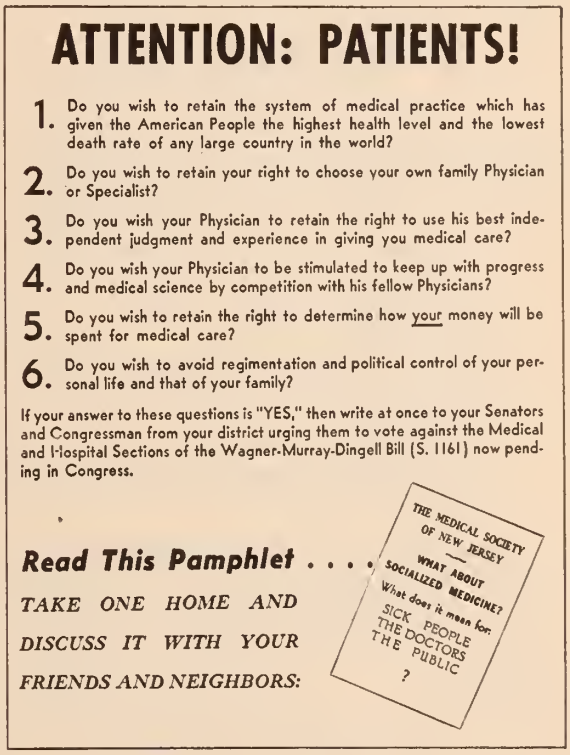
WHAT ABOUT SOCIALIZED MEDICINE?

Since the depression of 1929 the American people have been faced with a number of difficult social and economic problems. It is generally recognized that everyone of our people is entitled to the basic necessities of life, namely: **food, clothing, shelter and medical care.** The greatest problem has been to find a way to bring all of these necessities to all of our people. From the economic standpoint, our **population** can be divided roughly into **three groups:** the **rich,** a relatively small number who can provide all of the necessities of life without inconvenience; the **middle class,** who can obtain these necessities perhaps with some hardship; and third, the large group of people in the so-called **low income class,** to whom government help in obtaining the necessities of life is necessary.

Government aid thus far has been limited almost entirely to needy people in the low income groups. This has included help in obtaining **food, clothing and shelter.** No attempt has been made to socialize these three necessities.

At the present time, however, there is a determined effort being made by certain groups to socialize **"the practice of medicine"** affecting all groups of people regardless of their economic status.

The medical profession is thoroughly aware of the need for **adequate distribution of medical care** to all classes of people. It believes, however, that government aid in the **distribution of medical care** should be limited to people in the low income groups, just as the **distribution of food, clothing and shelter** by government is so limited.



Placard for Physicians' Waiting Rooms

Organized medicine, particularly as exemplified by **The Medical Society of New Jersey,** has given much time and thought to the problem of the **distribution of medical care.** It believes that the problem can be solved by **voluntary insurance plans** for people in the middle and upper income groups and by government aid for people in low income groups, without destroying the present system of medical practice which has given the American

people the **highest health level** and **lowest death rate** ever known for a like number of people under similar conditions.

The plan to **"Socialize Medicine"** introduced by Senator Wagner of New York may properly be described as **"Political Medicine for America".**

What are the general provisions of this bill and what will be their effects upon **Sick People, the Doctors,** and **the Public?**

If the recommendations in this Bill are enacted into law, they will destroy the effectiveness of **medical care** in the United States.

The Bill proposes to raise **annually** by taxation — from payrolls mostly — approximately **Twelve Billion Dollars.** Of this sum an amount estimated at **Three Billion, 48 Million Dollars** ($3,048,000,000.00) is to be allocated to provide medical care by the government.

ONE-MAN MEDICAL CARE

The Bill proposes placing in the hands of one man — the **Surgeon General of the Public Health Service** — the power and authority —

1. **To hire doctors — possibly all doctors —at fixed salaries to provide medical service;**
2. **To designate which doctors can be specialists;**
3. **To determine the number of individuals for whom any physician may provide service;**
4. **To determine arbitrarily what hospitals or clinics may provide service for patients.**

It instructs the **Surgeon General** to provide general and special medical care, laboratory tests and hospitalization for all beneficiaries of the Social Security Act and their dependents— estimated at one hundred ten million (110,000,000) people.

WHAT COULD HE DO?

It is estimated that, at the present time, there are in the United States, available for civilian practice, 120,000 effective physicians. With Three Billion Dollars the Surgeon General could —

a. Allocate 20% for administration costs	**$ 600,000,000.00**
b. Hire every effective physician in the United States at an average salary of $5,000 a year	**600,000,000.00**
c. Pay for every available bed in every non-government owned hospital (368,046) 365 days each year (134,336,790 hospital bed-days) at $5.00 per day	**671,683,950.00**
d. Pay $2.50 per day for each and every government owned hospital bed (1,051,781) 365 days in the year (383,900,065 hospital bed-days)	**959,740,162.50**
e. Spend for drugs and medicines	**168,565,887.50**
	$3,000,000,000.00

It is obvious that, if these proposals become the law of the land, they will destroy the entire system of medical care as we have known it in the United States.

WHAT HAS AMERICAN MEDICINE DONE?

Under the American system, American Medicine—American Doctors—have developed the most effective and the most widely distributed medical care that has ever been provided for any comparable number of people anywhere at any time.

In 150 years, the average number of years a man will live has been nearly doubled. In 1790 the average was 35 years. Today it is 62 years.

A child born in 1942 has the prospect of living 12 years longer than a child born in 1900.

In the last 40 years, the death rate per 100,000 people has been reduced from 1,755 to only 1,060.

During this period, typhoid fever almost has disappeared; smallpox has been subdued; diphtheria practically has been conquered; pernicious anemia, tuberculosis, diabetes, and a score of lesser ailments are being brought under control.

In 1942 the United States had the highest general level of health and the lowest death rate ever known for a like number of people under similar conditions.

WHAT DOES POLITICAL MEDICINE MEAN FOR DOCTORS?

Doctors would be paid by government. Presumably they would work eight hours per day instead of twenty-four hours.

There would be little incentive for the doctor to become skilled in the art of medical practice. His advancement would depend upon his influence with politicians rather than on his skill or the character of his work.

The doctor would not develop initiative—he would have to adopt the methods and prescribe the treatments and medicines determined by superiors.

The doctor would have little, if any, personal interest in the patient who is compelled to visit him.

State Medicine—political control of medical service—always has, always will develop doctors who are politically amenable, who cater to the ward committeeman or the precinct captain rather than to the needs of human beings who are their patients.

For the doctor—political control of medical care means incompetence, professional deterioration and the forfeiture of self-respect.

WHAT DOES POLITICAL MEDICINE MEAN FOR SICK PEOPLE?

It means that they must depend upon a doctor who:—

Is paid by the government—presumably working eight hours per day. The emergency sickness must wait until the doctor is on the job;

May not be the doctor of their choice but the one that has been assigned by a political bureaucrat;

Cannot have a personal interest in patients who come to him because they are compelled to do so;

Is less knowing and less efficient because he must follow methods and prescribe remedies that are fixed by his bureaucratic superiors;

Since his job is political, is more interested in pleasing or appeasing his political bosses than he is in curing his patients.

THE QUESTION

Unless a tidal wave of protest forewarns the sponsors, this bill or similar proposals may be enacted into law. The question to be answered is a simple one:

Do you want medical care for the sick to be provided by —

BUREAUCRATS—POLITICIANS—
or by
DOCTORS?

WHAT DOES POLITICAL MEDICINE MEAN FOR THE PUBLIC?

$3,000,000,000.00 annually of extra payroll taxes—an average of about $120.00 yearly for each family;

150,000 additional bureaucrats to tell patients where to go and doctors what to do and how to treat human beings who are sick;

The sacrificing of the highest level of health and the most effective medical care ever known;

Doctors—to care for loved ones—who are first political stooges and henchmen instead of self-respecting human beings and,—

it is understood that, if the Medical Profession is regimented, it will represent a decisive step forward toward establishing centralized Federal Control of all the professions and industry, and the destruction of Freedom of Enterprise in the United States.

This issue must be decided by the people—the voters of the United States. Make your decision. Show this to your neighbor. Talk to him about it. Talk or write to your Senators and Congressmen.

NEW JERSEY MEMBERS OF CONGRESS

UNITED STATES SENATORS

Senate Office Building
Washington, D. C.

ALBERT W. HAWKES
ARTHUR WALSH

UNITED STATES REPRESENTATIVES

House Office Building
Washington, D. C.

CHARLES A. WOLVERTON .....1st District
ELMER H. WENE .....2nd District
JAMES C. AUCHINCLOSS.....3rd District
D. LANE POWERS .....4th District
CHARLES A. EATON .....5th District
DONALD H. McLEAN .....6th District
J. PARNELL THOMAS .....7th District
GORDON CANFIELD .....8th District
HARRY L. TOWE .....9th District
FRED A. HARTLEY, JR. .....10th District
FRANK L. SUNDSTROM .....11th District
ROBERT WINTHROP KEAN .....12th District
MARY T. NORTON .....13th District
EDWARD J. HART .....14th District

(Portion of material from The National Physicians Committee for the Extension of Medical Service.)

WELFARE COMMITTEE MEETING

Following the meetings of the four subcommittees in the morning, and luncheon at noon, on Sunday, January 16, 1944, the Welfare Committee met at 2:15 p. m. in the Hotel Hildebrecht, Trenton, N. J.

Those present were:

Herschel S. Murphy, Chairman, presiding
Chester I. Ulmer, Vice-Chairman
Ralph K. Hollinshed, Ex-Officio
Alfred Stahl, Ex-Officio

Atlantic County—Edward Guion
Bergen County—Joseph R. Morrow
Camden County—H. Wesley Jack
Cumberland County—H. Burton Walker
Essex County—C. Wright MacMillan, Royal A. Schaaf
Gloucester County—Wendell J. Burkett
Hudson County—Reeve L. Ballinger, J. Lawrence Evans, B. S. Pollak
Mercer County—D. Leo Haggerty, L. Samuel Sica
Middlesex County—Ralph J. Faulkingham
Monmouth County—Stanley Nichols
Ocean County—William E. Dodd
Passaic County—Sigurd W. Johnsen
Salem County—Harry F. Suter
Somerset County—Frank L. Field
Sussex County—Leo B. Drake
Union County—Frederic W. Lathrop, Walter F. Phelan
Technical Advisers—R. P. Fischelis, Frederic J. Quigley
Officers of State Society—Joseph F. Londrigan
Visitors—Joseph E. Raycroft, Abraham E. Jaffin, Norman M. Scott, William G. Herrman, Samuel Alexander, Walter B. Mount, S. William Kalb, J. M. Carlisle, Frank Bien, H. Roy Van Ness, Watson B. Morris, Robert M. Grier, R. Manning Clarke, Carl Wiegel.

PRESIDENT'S REMARKS

President Hollinshed outlined the efforts of the Welfare Committee and its various branches, which have given much time and thought to the problems confronting the profession this administrative year, as follows:

1. To bring about a better understanding between the Medical Profession, the Allied Professions, the State Department of Health, the Legislators, and the Public;
2. To create a coherent and effective Medical Society;
3. To present to the Legislators the attitude of the Profession on pending legislation;
4. To endeavor to bring to the attention of the Public the dangers of Socialized Medicine;
5. To establish certain principles and recommendations for the post-war period.

ANNUAL REPORTS

President Hollinshed stressed the importance of saving words and paper in preparing the annual reports and urged all committees to make their reports as concise as possible.

Annual Reports are due in the Executive Offices on or before March 1st, 1944.

Chairman Murphy announced March 12th as the date for the final meeting of the Welfare Committee, at which time printed proofs of reports will be ready for final approval.

REPORTS OF SUBCOMMITTEES

Legislation—Dr. Pollak, Chairman

For the past twenty-five years there has been a fair number of medical men in the State Legislature, at times as high as six, and this, of course, has been of great value to our Society. This year we have only one, Dr. Hill from Essex County.

Five amendments to the Medical Practice Act were presented and approved individually, the first four unanimously (1) to make the plea of "nolo contendere" ground for revocation or suspension of license to practice medicine and surgery; (2) to make the payment for any violation of the Act equivalent to a conviction of the violation for which such penalty was claimed; (3) relates to the examination of candidates for licensure; (4) relates to hospital internships. The fifth amendment, relating to the definition of chiropody, was passed on a vote of 16 to 14.

All five amendments to the Medical Practice Act were referred to the Board of Trustees for approval before introduction into the Legislature.

Dr. Pollak spoke briefly on the Revision of the State Constitution and our concern with the position that the State Health Department shall occupy and the proposed place for the State Board of Medical Examiners.

The Committee voted that the matter be left in the hands of the Legislative Committee until further information becomes available.

From the recent articles appearing in the press, we may assume that some chiropractic legislation may be proposed again this year.

In view of the recent conference in Washington on Obstetrics and Pediatric Care for Wives and Children of Servicemen, and the decisions made, any idea of remedial legislation is precluded, but we still oppose the present method of payment for medical services.

The Relocation of Physicians law, which passed the Senate only after assurance that it in no way involved a socialization of medicine, provides $200,000 instead of the requested $1,000,000, does not authorize the Public Health Service to assign its own medical personnel to critical areas as originally contemplated, requires the requesting community to contribute 25 per cent of the costs, and specifically provides that the relocated physician must obtain a license to practice in the State to which he moves.

Dr. Pollak informed the Committee that six Western State Medical Societies have formed a Washington Bureau of Information. These states have invited other state medical societies to join them. Since New Jersey urged the A. M. A. to establish a Washington Bureau, the Legislative Committee requested consideration of this invitation to join these States and submission of such recommendation to the Board of Trustees.

Arizona, California, Colorado, Idaho, Oregon and Utah have decided by joint action December 11, 1943, to establish an Information Bureau in Washington and to expend a minimum of $25,000 to $30,000 annually for the maintenance of this Bureau. New Jersey's participation in this move would mean an additional assessment of $1 or $2 per year per member.

Upon motion by Dr. Guion, seconded by Dr. Van Ness and carried, the Welfare Committee referred to the Board of Trustees for its consideration, the advisability of joining with the group of six Western States in the operation of the Washington Bureau of Information; with the understanding that if favorable action is taken by the Trustees that the matter be referred to the House of Delegates for final action.

Medical Practice—Dr. Johnsen, Chairman

The Final Report on Post-War Planning (see page 57) was presented by Dr. Johnsen and each section approved individually. In connection with Section 3 the Welfare Committee referred the request for a legal opinion on corporate practice of medicine to the Board of Trustees.

Public Health—Dr. Nichols, Chairman

The Public Health Committee has operated on its wartime program with the other health agencies of the State. There has been a good deal of discussion on a program for tuberculosis mass x-raying, but it has not gone through; because this is not particularly a public health matter, it has been referred to the Medical Practice Committee, the Committee on Industrial Health and Hygiene and the Committee on Auxiliary Medical Services.

Physicians will need education on malaria and other tropical diseases which are going to come back with the soldiers and which it will be impossible for the Army and Navy to control. The State Department of Health will conduct a series of educational lectures on tropical diseases (see page 61). The Public Health Committe recommends that an Advisory Committee on Tropical Diseases be created to work with the State Department of Health and other groups studying this problem.

The Welfare Committee approved the recommendation for a new Advisory Committee on Tropical Diseases and referred it to the Board of Trustees for consideration and action.

Dr. Nichols briefly reported on the Washington Conference on Medical Care of Wives and Children in Washington on December 10 and 11, 1943, which was a distinct advance on the part of the medical profession, as stated by the A. M. A., "the recognition of official representatives of leading medical organizations is a new principle for this government agency." Each member is urged to read the report of the conference in the A. M. A. Journal of December 25, 1943, pages 1120 and 1125.

A resolution on modified physician's fees in the care of service men and their families was presented by Dr. Nichols and adopted. The resolution was referred to the Board of Trustees for consideration.

Public Relations—Dr. Schaaf, Chairman

The activities of the Public Relations Committee have been considerably curtailed since the last meeting of the House of Delegates, partly due to the absence of so many of our members in the armed services and the preoccupation of the remainder with the demands of civilian practice, and partly due to the difficulties which have been placed in the path of our Committee by the failure of the component Societies to endorse the Medical-Surgical Plan unanimously, as reported at the June Welfare meeting. We believe we cannot conscientiously carry out a vigorous public relations program so long as we do not unanimously and whole-heartedly support the Plan. Our Committee again urges all of the component Societies formally to approve the Medical-Surgical Plan and give it their support. Hearings on the Wagner Bill will probably begin in the near future. It would be most

helpful to us, were we able to state that, in New Jersey, at least, we had satisfactorily solved the problem of the distribution of medical care.

A difficult problem in the distribution of medical care and also in public relations has arisen. Throughout the state in many communities, particularly the less populous counties where the number of available practitioners is so limited, adequate coverage of all medical emergencies is almost impossible. This problem can be solved only by local community or county society action. It calls for coöperative effort on the part of the county society, the auxiliary and the individual practitioner.

In Essex County arrangements have been made to cover emergency night calls by maintaining a list of available physicians willing to accept these calls at strategic points throughout the county. When calls come in to a physician who, for any reason is unable to accept them at night, the caller is referred to the exchange nearest his home and advised to request the exchange to send a doctor. On the whole, this plan has been eminently satisfactory and there has been little complaint regarding inability to obtain emergency medical care at night.

This system could readily be put into practice in all the larger counties without great difficulty. In the smaller counties, however, and particularly in the small communities, it would seem that the only approach to the solution of the problem would be by agreement of the remaining physicians in the community to allot among themselves nights on which an individual doctor would accept all calls, being free on the nights on which other physicians were on duty.

It is therefore suggested that this problem be presented to each component Society with the request that they study the problem and adopt such procedure as seems best suited to local conditions.

The Welfare Committee unanimously adopted the report of the Public Relations Committee.

MEDICAL SERVICE ADMINISTRATION

MEDICAL-SURGICAL PLAN

Dr. Scott, Medical Director of the Administration and Plan, gave a brief progress report on the Farm Security Plan, which has operated for the past three years with a fair degree of satisfaction, and the Newark Indigent Plan, which comprises about 50 per cent of the State's indigent, cares for a special group on an appropriation made by the City of Newark. The medically indigent group is developing into a very difficult and varied group of people. Until those groups of medically indigent can be defined there is little we can do about it. With the Newark appropriation we hope to clarify this group. The old-age assistance group is also large and it is difficult to ascertain who is going to be responsible for the medical care of those groups. We believe what we have accomplished so far is very important in establishing administrative procedures with governmental agencies.

Dr. Scott presented charts illustrating the progress and financial standing of the Medical-Surgical Plan, and announced that amendments to the act had been prepared and are now in final shape to present to the Board of Trustees for approval.

MEDICAL CARE OF WIVES AND CHILDREN OF ENLISTED MEN

Dr. Mount, Chairman, stated there was no further report from his Committee. He called attention to the Washington conference report in the A. M. A. Journal of December 25th, 1943, and requested that his committee be allowed to continue its study.

The Welfare Committee unanimously voted that the Special Committee continue its study.

SOCIAL SECURITY

Dr. Londrigan, Chairman, announced that his Special Committee on Social Security had prepared a placard and pamphlet on the Wagner Bill for the doctors' offices. Both will be printed in the February *Journal* after which copies will be available to physicians. It is also anticipated to distribute this publicity to the allied professions. Each County Society has been requested by President Hollinshed to devote its January or February meeting to the Wagner Bill.

ADJOURNMENT

The meeting adjourned at 4:45 p. m. and Chairman Murphy announced March 12th as the date for the final meeting of the Welfare Committee and its four Subcommittees.

Edith L. Madden,
Acting Executive Officer.

FINAL REPORT ON POST-WAR PLANNING, ARTICLE V

SUBCOMMITTEE ON MEDICAL PRACTICE

The Subcommittee on Medical Practice, as a result of its study of post-war planning, presents the following principles and recommendations for adoption by The Medical Society of New Jersey:

1. We believe the American system of Private Practice of Medicine is the best system of medical practice in the world. We believe it has produced the most satisfactory and unequaled type of medical practice to be found anywhere under any plan of Medical Practice. This system of Private Practice must be preserved so that we may continue to render the highest type of medical service to all the people in New Jersey. We reaffirm our faith in the free, competitive, individual private practice system, and maintain that it will continue to function and result in a constantly improved type of medical service in the post-war era.

We recommend that further steps be taken to maintain the prestige and repute of our system of private practice. This can be accomplished by restoring the control of medical practice to the individual physicians, aided by a closer coöperation and coördination of professional activities through our own medical organizations and other bodies directly controlled by professional members, such as the "Medical Service Administration", the "Medical-Surgical Plan", and the "Medical-Dental Service Bureau", etc.

We further recommend that physicians carefully scrutinize the practice of delegating authority and privileges to nurses, technicians, hospitals, charitable organizations and indirect health agencies who often use medical men to advance their own interests to the detriment of the physician. Many of these agencies should confine their efforts to educational activities rather than usurping professional prerogatives.

We further recommend that steps be taken to assure the individual physician of an adequate economic reward from his practice so that he may continue to occupy a place of respect and dignity in our economic and social order. Organized medicine must show more concern for the welfare of its own members as well as the public it treats.

2. Changes in the economic phases of the practice of medicine are an inherent part of the system of private practice. The medical profession has welcomed constructive changes in methods of payment when these changes have been sound and did not result in a deterioration of the medical services rendered. The allegations that organized medicine has opposed sound economic plans for distribution of medical costs is unfair and untruthful. Organized medicine has welcomed constructive changes and has, therefore, approved the principle of pre-payment plans for medical services, when these plans have been operated under conditions where the existing high type of medical service has been maintained and where supervision and control of such plans have been approved by the recognized medical profession.

We, therefore, recommend that the medical profession wholeheartedly coöperate in the voluntary insurance plans set up by The Medical Society of New Jersey, namely, the "Medical-Surgical Plan" and the "Medical Service Administration".

We further recommend that other forms of economic plans which have for their purpose making medical services available to all the people of New Jersey, at a cost within their reach, be studied and tried out under the supervision of our organized medical societies.

3. Relationships between hospitals and physicians have been deteriorating to the detriment of hospitals, physicians and patients. Disagreements, dissatisfaction and open revolt has occurred in some instances. Basically, the welfare of hospitals, physicians and patients are the common concern of all three parties.

A clarification of the difficulties is needed badly. The following are therefore offered as a basis for arriving at a mutual understanding:

Hospitals are corporations organized to care for the sick under the responsibility of physicians.

Corporations are prohibited from practicing medicine by the laws of most states. The present definition of what constitutes "Practice of Medicine" is a matter of controversy between hospitals and physicians of New Jersey and should be clarified and redefined.

It is, therefore, proposed that the services rendered by physicians to patients, whether in or out of the hospitals, be designated as medical services, embracing diagnosis as well as treatment. These services include anesthesia, radiology, pathology, physio-therapy, surgery, obstetrics, and all other medical and surgical specialistic services. If a hospital, a corporation, employs a physician at a fixed stipend or on a commission or percentage basis and charges and collects a fee for his professional services and retains the amount collected, regardless of whether the hospital profits or

loses under such an arrangement, then such a hospital is in fact engaged in the practice of medicine, since the physician so employed is the agent of the hospital. As a result of such practice, an agency relationship exists between the hospital and the physician.

We, therefore, recommend that a ruling on this point be obtained at the earliest possible time so that steps can be taken to settle the legal question involved.

4. Hospital Service Plan trustees should be requested to delete from their contracts all medical services and arrange for such services to be incorporated in the contracts issued by the Medical-Surgical Plan of New Jersey as soon as may be practicable.

5. The medical staffs of all hospitals should again have adequate membership on the Board of Trustees, and should perfect closer forms of coöperation so that the mutual responsibilities of both may be better appreciated and closer teamwork brought about.

6. Hospitals and physicians should come to a definite agreement as to the classification of patients as charity cases, semi-private and private cases. No physician should be requested to render gratuitous services to patients other than those classified as charity cases. A uniform agreement on this policy would remove many of the problems now harassing both hospitals and physicians.

7. The responsibility for the care of the medically indigent should be assumed by a cooperative arrangement between government and the medical profession.

8. We affirm the principle of government subsidies in aiding those elements of our population in need of medical care but unable to secure it through their own efforts and resources. These subsidies should, however, be allotments for specific purposes and disbursed by specific agencies, provided that governmental control or regimentation of the professional activities of physicians rendering such services be definitely eliminated. It is as much a function of government to aid in the restoration of health and cure of sickness for those of its needy citizens, as it is the duty of the physician to render his best efforts and services to achieve this end. It is, however, not right for the physician to assume the burden for these cases, without the coöperation of government aid. We recommend that the Medical Service Administration of New Jersey extend its facilities to all parts of the State.

9. Provisions for the return of our physicians now engaged in the military forces of our country should be studied and planned for. Appointments on hospital staffs should be reserved for them. Above all else, we must remain vigilant and exert our utmost efforts to preserve our system of private practice so that when our physicians who have served their country return, they will have a practice which they may resume.

10. We must maintain our high standards of medical education in the post-war era in order to ensure the same high type of medical service rendered in the past. The system of free and independent medical schools divorced from political control or domination must be restored as soon as possible after victory is won in this war. Medical research and scientific advancement must be kept free if we are to maintain the scientific advances of the past.

Subcommittee on Medical Practice,

Sigurd W. Johnsen, M.D., Chairman
Andrew C. Ruoff, M.D.
J. Mallory Carlisle, M.D.
William K. Harryman, M.D.
George Blackburne, M.D.
Watson B. Morris, M.D.
William G. Herrman, M.D.
A. Charles Zehnder, M.D.
Chester I. Ulmer, M.D.
Robert M. Grier, M.D.
Harrison B. Wilson, M.D.
Henry Haywood, M.D.

NEW JERSEY FORMULARY

FOURTH EDITION

A copy of the N. J. F., 4th edition, was sent to each member of the State Society in the early fall of 1941. Additional copies were printed at that time to cover subsequent requests. Do you have your copy on file? If not, another may be obtained by writing to the Executive Offices of the Society, 222 West State Street, Trenton 8, New Jersey, where a limited supply is in stock. Write for your copy *now*.

Chester I. Ulmer, M.D., Chairman
Committee on Pharmaceutical Problems.

NUTRITION IN EVERYDAY PRACTICE

S. William Kalb, M.D., Newark, N. J.

Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. *What is the best way to prescribe vitamins?* By the use of a **Basic Vitamin Formula** (Spies) as follows:

℞	Thiamin	10 mg.
	Riboflavin	5 mg.
	Niacinamide	50 mg.
	Ascorbic Acid	75 mg.

2. *How can the Basic Vitamin Formula be used in a specific deficiency?* When the signs and symptoms of one deficiency predominate, the vitamin specific for that deficiency should be increased in the Basic Formula. The **specific dosage** for these vitamins are:

   Thiamin 20 mg., Riboflavin 15 mg., Niacinamide 150 mg., and Ascorbic Acid 300 mg.

3. *How would the Basic Vitamin Formula be used in a prescription for vitamin C deficiency?* Increase the ascorbic acid only to its specific dosage. The rest of the formula remains the same, as follows:

℞	Thiamin	10 mg.
	Riboflavin	5 mg.
	Niacinamide	50 mg.
	Ascorbic Acid	**300 mg.**

   M. & ft. capsules D. T. D.

4. *Is it best to use a single B vitamin or the B complex?* Caution against the use of single B vitamin preparation should be taken. The desire to correct a single deficiency may lead to the development of some other deficiency that was already present in a latent form (Holt). The use of thiamin by patients with polyneuritis has been followed by symptoms of Pellagra. The administration of riboflavin alone will cause an increase in nicotinic acid. Harmful effects have been observed after the ingestion of nicotinic acid alone. The rôle of a coënzyme has been established for thiamin, riboflavin, and niacinamide. Hence, when wishing to use any one of these three vitamins, it is best to use all three in one prescription and to increase the specific vitamin to its specific dosage as outlined in the Basic Vitamin Formula, otherwise use the B complex.

5. *What vitamin is used in treating Vincent's infection of the gums and throat?* Nicotinic Acid 25-50 mg., t.i.d. for adults, and 10-15 mg., t.i.d. for children.

6. *Will thiamin hydrochloride relieve pain following extraction of teeth (dry socket)?* Yes, intramuscular injection of 1 cc. normal saline solution containing 100 mg. of thiamin hydrochloride. Pain is relieved in 20-30 minutes.

7. *Can vitamins take the place of natural foods in an adequate diet?* The Council on Foods and Nutrition claims that "the giving of vitamin pills to presumably healthy adults working under normal conditions is irrational from the therapeutic point of view, unwise nutritionally, and uneconomical."

8. *What vitamin is used in sterility?* None are specific. Vitamin E was used but is no longer considered to have any therapeutic value in this direction.

9. *What vitamins are used to ward off infections in the aged?* The vitamin B complex plus the specific dosage of vitamin C produced considerable improvement in senile patients who were being treated for pathological manifestation of senility. It has also been found that senile individuals, who were given these vitamins as a prophylaxis against colds, responded exceptionally well.

10. *What treatment is used in eye fatigue?* This is usually due to a riboflavin deficiency. For treatment prescribe the Basic Vitamin Formula using the specific dosage of riboflavin which is 15 mg. in place of the normal 5 mg. These capsules should be taken over a period of four or five months.

COUNTY SOCIETY DUES

I desire to remind the membership that their annual county assessments are due and payable in advance on January first, 1944.

According to the By-Laws of the State Society, Chapter I, Section 2, the Treasurer of each component county society is required to forward a complete list of paid-up members in good standing, with their correct addresses, on March 10th, and at that time remitting the assessment covering such membership. March 15th in each year is the final date for closing the Official List of members. The list submitted by March 15th becomes the Official List upon which the basis of representation of each component society is based. No additional appointments of delegates are permitted after that date.

Members whose dues are not paid by March 15th are dropped from the State Society membership rolls, and their names will not appear on the Official List of members. Membership and fellowship in the American Medical Association automatically lapse, for a physician is entitled to membership or fellowship in the American Medical Association only when he is a member in good standing of his State Society. Your medical defense insurance is also nullified if you allow your membership to lapse.

Pay your annual dues promptly for your own sake and for the benefit of the medical organization whose assistance and inspiration you share.

Alfred Stahl, M.D., Secretary,
The Medical Society of New Jersey.

AMERICAN ACADEMY OF PEDIATRICS BESTOWS A MEAD JOHNSON AWARD ON DR. PHILIP LEVINE OF NEWARK

At the meeting of the American Academy of Pediatrics in Chicago, November 6, 1943, recipients of the Mead Johnson awards were announced. First prize of $500 went to Dr. Hattie E. Alexander, New York, for her work on "The Treatment of the H. Influenzae Infections", and second prize of $300 to Dr. Philip Levine, Newark, N. J., for his work on "Erythroblastosis Fetalis and the Rh Factor".

Dr. Philip Levine is a graduate of Cornell University Medical College (1923). After carrying out volunteer research with Dr. A. F. Coca at the old New York Hospital on the atopic reagins in human hypersensitiveness, Dr. Levine was appointed to the staff of the Rockefeller Institute for Medical Research. Here he worked with the Nobel Prize Laureate, Dr. Karl Landsteiner, from 1925 to 1932. The basis for Dr. Levine's work on the pathogenesis of erythroblastosis fetalis was derived from his intensive experience with Dr. Landsteiner on isoimmunization with blood and on the individuality of human and animal blood. These workers discovered in 1928 the new blood factors M, N, and P, the first two of which are important in cases of disputed paternity.

From 1932 to 1935, Dr. Levine was a member of the faculty in the Medical School of the University of Wisconsin in the Department of Bacteriology and Immunology. His main work there dealt with the specificity of bacteriophage action in the highly complex group of Salmonella bacteria. Since 1935, Dr. Levine has been employed as bacteriologist and serologist at the Newark Beth Israel Hospital. He is also the author of the Wisconsin (1935) and New Jersey (1939) laws on the use of blood tests in paternity disputes.

In 1939 Dr. Levine suggested that the mother may be immunized by a factor in fetal blood or tissues. This hypothesis was offered in order to explain an intra-group transfusion accident, at the very first transfusion. Subsequently Dr. Levine found that this group of mothers had a high incidence of fetal and neonatal morbidity and mortality. More specifically, there was a high incidence of the well-know condition erythroblastosis fetalis (fetal hydrops, icterus gravis, and anemia of the newborn). Dr. Levine provided statistical proof that the source of the long-suspected intra-uterine hemolysis of fetal blood was maternal agglutinins produced by the antigenic stimulus of a particular blood factor in fetal blood. This property is known as Rh because of its relation to the Rhesus blood factor described in 1940 by Landsteiner and Wiener. Dr. Levine and his co-workers suggested the use of human anti-Rh sera for the prevention of intra-group transfusion accidents and as a laboratory aid in the diagnosis of erythroblastosis fetalis.

Among Dr. Levine's co-workers in this project are Drs. L. Burnham of Englewood, and

E. M. Katzin of Newark. The financial support of Dr. Levine's work was derived from grants from the Blood Transfusion Association and the National Committee on Maternal Health. Dr. Levine is the author of about 100 original papers dealing with hay fever and asthma, blood groups and transfusions, specific soluble substances of bacteria, bacteriophage, blood tests in cases of disputed paternity, and the Rh factor in transfusion reactions and erythroblastosis fetalis.

A comprehensive paper on erythroblastosis fetalis written at the request of the American Academy of Pediatrics in connection with the Mead-Johnson Award appeared in the Journal of Pediatrics, Volume 23, pages 656-675, 1943.

REFRESHER COURSE IN TROPICAL DISEASES

A course in tropical diseases to be given in Newark, by Arthur W. Grace, M.D., of the faculty of the Long Island College of Medicine is announced by Rutgers University and the New Jersey State Department of Health. The lectures will be given alternate Wednesday evenings, from 8 to 10 p. m. at the College of Pharmacy, 1 Lincoln Avenue, beginning February 16. Physicians, public health officials, laboratory workers and others dealing with communicable diseases are invited to enroll. The registration fee is $5.00 as in other evening courses held under the same sponsorship.

Application for enrollment should be made to the N. J. State Department of Health but the registration fee will be received by the University representative at the opening class on February 16.

A companion course in the parasitology of the diseases considered will be conducted at New Brunswick by Thurlay Nelson, Ph.D., Professor of Zoölogy at Rutgers on the Saturday afternoon following each lecture by Dr. Grace. This course will be open only to those registered in the lecture course and no additional fee is charged. As many as can are urged to enroll in this laboratory course but this is not required.

SCHEDULE OF LECTURES

February 16—Malaria
March 1—Black Water Fever, Leischmaniasis
March 15—Filariasis
March 29—Cholera, The Dysenteries
April 12—Typhus and Other Rickettsial Diseases, Plague
April 26—Yaws, Schistosomiasis, Pinta, Fungus Diseases

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

BARNETT, LESTER A. (Milltown) — with Joseph E. Hamilton.
The treatment of war burns. Surgical Clinics of N. A. (War Surgery Issue) 1575-1588, Dec. 1943.

BETCHER, ALBERT M., Capt. (M.C.) (Long Beach, N. Y.)
Pentothal Sodium. A survey of its field of usefulness in a military hospital. War Medicine 4: 425-432, Oct. 1943.

BROADHURST, JEAN; ESTELLE MACLEAN and INEZ TAYLOR (Jersey City Medical Center)
1. Further evidence of the virus character of the cytoplasmic inclusion bodies reported in the throat and other epithelial tissues. J. Infect. Dis. 73: 191-194, Nov.-Dec. 1943.
2. Increased incidence of cytoplasmic virus bodies in human throats in the New York City area. J. Infect. Dis. 73: 195-197, Nov.-Dec. 1943.

BUNNEY, WILLIAM E.—see Koerber, Walter L.

CALEY, E. R., Ph.D.—see Hand, W. C., B.S.

CAMPBELL, MEREDITH F. (Montclair and New York)
Stenosis of the external urethral meatus. J. Urol. 50: 740-746, Dec. 1943.

CARLISLE, J. M. (Westfield)
1. Early treatment of thermal burns. J. Med. Soc. New Jersey 40: 459-461, Dec. 1943.
2. Pulmonary edema. J.A.M.A. 123: 947-948, Dec. 11, 1943.

COLLIER, MARTIN H. (Camden), and WILLIAM H. MACDONALD (Trenton)
Tuberculosis screening examinations of industrial workers. J. Med. Soc. New Jersey 40: 421-423, Nov. 1943.

EDWARDS, B. B., B.S.—see Hand, W. C., B.S.

FOSTER, J. W.; WOODRUFF, H. B., and MCDANIEL, L. E. (Merck & Company, Rahway)
Microbiological aspects of penicillin, III Production of penicillin in surface cultures of penicillium notatum. J. Bact. 46: 421-433, Nov. 1943.

Hand, W. C., B.S.; B. B. Edwards, B.S., and E. R. Caley, Ph.D. (New Brunswick)
Studies in the pharmacology of mercury. III. Histochemical demonstration and differentiation of metallic mercury, mercurous mercury, and mercuric mercury. J. Lab. & Clin. Med. 28: 1835-1841, Dec. 1943.

Koerber, Walter L.; William E. Bunney and Gertrude E. Mook (E. R. Squibb, New Brunswick)
Method for increasing the combining power of tetanal toxin. J. Immunol. 47: 507-511, Dec. 1943.

Kraemer, Manfred (Maj. M.C., AUS) (Newark)
Sulfadiazine in acute follicular infections of the tonsils and pharynx. J. Med. Soc. New Jersey 40: 468-469, Dec. 1943.

Levine, Philip (Newark)
Pathogenesis of erythroblastosis fetalis. J. Pediat. 23: 656-675, Dec. 1943.

Levine, Philip (Newark)—with Harold A. Schwartz, Des Moines, Iowa
Studies on the RH factor. Am. J. Obstet. & Gynec. 46: 827-835, Dec. 1943.

MacDonald, William H.—see Collier, Martin H.

Maclean, Estelle—see Broadhurst, Jean

Martland, Harrison S.—see O'Crowley, C.

McDaniel, L. E.—see Foster, J. W.

Mook, Gertrude E.—see Koerber, Walter L.

Mount, Walter B. (Montclair)
Arthur Walter Bingham, B.S., M.D., F.A.C.S., 1872-1943 (Maternal Welfare article No. 84). J. Med. Soc. New Jersey 40: 424-425, Nov. 1943.

O'Crowley, C. (Rutherford), and Harrison S. Martland (Newark)
Adrenal heterotopia, rests, and the so-called Grawitz tumor. J. Urol. 50: 756-768, Dec. 1943.

Rake, Geoffrey, M.B., M.S. (New Brunswick)—with Arthur W. Grace, M.D., Brooklyn
Complement fixation test for lymphogranuloma venereum. Arch. Derm. & Syph. 48: 619-625, Dec. 1943.

Reiner, L., Ph.D. (Belleville) (with others)
Absorption of insulin labeled with radioactive iodine in human diabetes. J. A. M. A. 124: 84-90, Jan. 8, 1944.

Seifert, Edwin A. (Glen Ridge)
Factors in peripheral lesions following carbon dioxide poisoning. J. Med. Soc. New Jersey 40: 418-420, Nov. 1943.

Stein, George H. (Capt., M.C. AUS) (Elizabeth)
Pneumonic densities obscured by the cardiac shadow. Radiology 41: 576-579, Dec. 1943.

Taylor, Inez—see Broadhurst, Jean

Woodruff, H. B.—see Foster, J. W.

Wyss, Orville (Research Laboratory, Wallace & Tiernan, Belleville)
Antibacterial action of a pyridine analogue of thiamine. J. Bact. 46: 483-484, Nov. 1943.

PROCUREMENT OF PHYSICIANS FOR VETERANS ADMINISTRATION HOSPITAL, LYONS, NEW JERSEY

There are four vacancies on the staff of the Veterans Administration Hospital, Lyons, New Jersey, for medical officers at a salary of $3800 per annum, plus $628.32 overtime compensation.

Procurement and Assignment Service has been requested to render particular effort toward filling these vacancies which are considered quite essential to the successful operation of that hospital. It is felt that physicians found not eligible for full military service might be interested in applying for these positions if considered available by Procurement and Assignment Service.

OBITUARIES

DR. EDWARD G. MARKS

Dr. Edward G. Marks of Arlington died on January 17, 1944. Dr. Marks was born in England in 1858. He was graduated from the New York University Medical College in 1894, and had practiced medicine in Kearny and Arlington since that date.

Dr. Marks was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, past member of the Academy of Medicine of Northern New Jersey, and Courtesy Physician at Presbyterian Hospital in Newark.

DR. SIMEON A. OLEYNICK

Dr. Simeon A. Oleynick, one of the most prominent dermatololgists in New Jersey, and physician for skin diseases in Elizabeth and Newark for more than twenty years, died at his home in Elizabeth on January 17, 1944, after a long illness.

Born in Russia on November 11, 1886, Dr. Oleynick came to Elizabeth twenty-three years ago. He was a graduate of Königsberg University, Germany, and its Medical School, majoring for some years after his graduation in dermatology.

Dr. Oleynick was attending dermatologist at St.

Michael's Hospital, Newark, and Elizabeth General, St. Elizabeth and Alexian Brothers Hospitals, Elizabeth, and was on the staff of Beth Israel Hospital, Newark. He was the author of many papers on the subject of skin disease, and was consultant to numerous industrial plants.

Dr. Oleynick was a fellow of the American Board of Dermatology and Syphilology and the American Medical Association, a member of the Union County Medical Society, The Medical Society of New Jersey, and a member and past president of the Dermatological Society of New Jersey.

DR. HENRY J. SPALDING

Dr. Henry J. Spalding of Union City died of a heart attack on December 27, 1943.

Dr. Spalding was born in Troy, N. Y., in 1876, and received his M.D. degree from Cornell Medical School in 1900. He practiced in New York and Hoboken for a short while prior to settling in Union City 40 years ago. He served as a draft board physician in World Wars 1 and 2, and during his long medical career specialized in the treatment of tuberculosis and in research work.

Dr. Spalding was consulting physician at North Hudson and Christ Hospitals and devoted much of his time to the North Hudson Tuberculosis Clinic. He was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. THOMAS M. WALSH

Dr. Thomas M. Walsh, Hasbrouck Heights, died on December 21, 1943, after a year's illness.

Dr. Walsh was born in Woodbury, N. J., in 1881. He was graduated from Johns Hopkins Medical School and practiced in West Virginia for a short time before moving to Hasbrouck Heights in 1921.

Dr. Walsh was on the staff of Hackensack Hospital and was surgeon to the Hasbrouck Heights Police and Fire Departments. He also headed the Medical Division of the Local Defense Council in Hasbrouck Heights.

Dr. Walsh was a member of the Bergen County Medical Society, The Medical Society of New Jersey and the American Medical Association, and took an active part in the civic life of his community.

MAKE AN EARLY RESERVATION FOR THE 1944 ANNUAL MEETING

The 178th Annual Meeting of The Medical Society of New Jersey will be held April 25, 26 and 27, 1944, at the Claridge Hotel, Atlantic City, N. J.

Members of the House of Delegates, the State Society and the Woman's Auxiliary are urged to make reservations early to insure accommodations upon arrival. The Claridge has 400 bedrooms—each with twin beds, bath, shower, fresh and sea water. The following convention rates are available (European Plan only):

	Single	Double
Ocean Front, Corner	$12.00	$16.00
Ocean Front	10.00	14.00
Side View	8.00	12.00
Bay View	6.00	10.00

Use the coupon below for convenience in making your reservation.

..... , 1944.

CLARIDGE HOTEL
Atlantic City, N. J.

Please make the following reservation for the Annual Meeting of The Medical Society of New Jersey, April, 1944:

Type of room: Single..... Double.....
Location: .....
Rate: $.....
Arrival date: .....

Name .....
Address .....
City .....

COUNTY SOCIETY REPORTS

ATLANTIC COUNTY

Daniel C. Reyner, M.D., Secretary

The *Atlantic County Medical Society* met at the Atlantic City Hospital Solarium on January 14, 1944, at 9:00 p. m. Dr. Charles Hyman, Vice-President, presided in the absence of Dr. Theodore H. Boysen, who has been confined to his home on account of injuries sustained in a recent automobile accident.

The meeting began with the scientific program. Dr. Hyman introduced the guest speaker, DR. HENRY J. TUMEN of Philadelphia, whose subject was "Management of Patient with Irritable Colon", and dealt with dysfunction rather than with organic disease. The condition of colonic irritability is often called unhappy colon, unstable colon and mucous colitis. It was his opinion that 15 to 40 per cent of all patients visiting doctors with gastro-intestinal complaints have this condition. Patients with symptoms of colonic irritability seek relief for one or many symptoms, based on either motor or secretory origin, such as spasm or atony and passage of large amounts of mucus from the bowel. Constipation, diarrhea, pain, mucus and so-called indigestion form the principal complaints. He stressed the importance of a thorough and complete physical examination which must include, besides a history, a routine gastric analysis, stool examination, blood count and detailed x-ray studies. It must never be assumed that these patients have organic disease until this fact is definitely established.

As to the pathogenesis of this disorder it is the prevailing thought that irritable colon is a manifestation of an underlying functional disorder that affects the enervation of the colon. A high percentage of these patients have vagotonia and the mechanism by which these psychogenic factors are produced is not too clearly understood.

The causative factors may be entirely psychogenic or may be traced to an allergy to certain foods; other allergies, such as hay fever and asthma; the injudicious use of laxatives, and finally, bowel consciousness.

The therapy of irritable colon should be directed toward the patient and not the colonic symptoms. Reassurance, education in the fundamental ideas of these functional disorders and patience on the part of the attending physician are of prime importance. The treatment also includes such things as rest, vacations, regularity as to meals, avoidance of overwork, and living a decent routine life. Diet need not be very complicated and drug therapy should be temporary and symptomatic. In short, the treatment is a highly individual problem, must be personalized and requires time, patience and perseverance on the part of the doctor—otherwise, it is doomed to failure.

The discussion of this very important subject was opened by DR. MAURICE MENSH, associate to Dr. Tumen, who was followed by DRS. BARBASH, SALASIN, ROSENBLATT and several medical officers attached to the England General Hospital.

It was announced that the next regular meeting would be held at the England General Hospital and a program on Malaria would be given by members of its staff.

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines, Oradell, on December 14, 1943.

Due to poor attendance and the lack of a quorum, the regular business meeting was dispensed with and the scientific program was begun at 9:30 p. m.

The speaker of the evening was DR. EUGENE R. KELLERSBERGER, General Secretary to the American Mission to Lepers, Inc., who spoke on the subject "An Evening on the Practical Problems of Tropical Medicine".

Dr. Kellersberger warned that because of the participation of our armed forces all over the world every disease in the world will probably come back to this country. He related his vast experiences as a missionary doctor in the heart of the Belgian Congo for over twenty-four years, where he had first-hand experience in the treatment of all the tropical diseases commonly found there.

His talk was illustrated by lantern slides and motion pictures and graphically presented the various treatments of the more important diseases, such as African sleeping sickness, leprosy, etc.

The speaker described his painstaking and single-handed efforts in treatment of these conditions and reducing the mortality. His greatest contribution was the establishment of an agricultural lepers' colony where these sufferers were segregated and treated successfully.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on January 4, 1944, at the Masonic Club, Jersey City. The meeting was called to order by the President, DR. MAURICE SHAPIRO, at 9:45 p. m.

The minutes of the regular meeting and Executive Committee meeting were accepted as printed in the Bulletin.

DR. JOSEPH E. ZBAR of Jersey City was transferred from Lackawanna County Medical Society to Hudson County Medical Society. DR. JOHN J. MALINOWSKI of Jersey City was elected to membership.

A Symposium on Cancer was conducted by DR. FRANK E. ADAIR, Chairman of Cancer Committee, American College of Surgeons, Attending Surgeon Memorial Hospital.

DR. ALFRED F. HOCKER—"Intra-oral Cancer, Diag-

nosis and Treatment". The diagnosis is made by direct objective findings. There is a misconception regarding pain at the beginning. Pain is due to deep ulceration and secondary infection. The lower lip, tongue and cheek are first involved. Ulceration is present from the beginning and progresses with the lesion. Occasionally the growth invades the tissue widely without ulceration. Carcinoma of the oral cavity metastasizes first to the cervical lymph nodes, sub-maxillary glands and cervical lymphatics and later may go below the clavicle. Intra-oral carcinoma affects males four times more than females. Biopsy is extremely important. Aspiration biopsy is advised before removal of cervical node. There should be no delay in diagnosis. Syphilis may be confused with carcinoma. Gumma, which may resemble carcinoma, is rare. Tuberculosis is sometimes confusing. The ulcers here are painful and there is usually pulmonary tuberculosis present. Surgery, x-ray and radium are the methods of treatment. X-ray, with a small cone, is preferred to radium. X-ray and surgery are the best treatment, but radiation is preferred.

DR. GRAY H. TWOMBLY—"Cancer of Cervix Uteri, Diagnosis and Treatment". Carcinoma of the cervix is the most common type of carcinoma seen in Gynecologic Clinic. Bleeding is the earliest sign and, in most cases, was noted in married women. Out of about 900 cases only 18 were noted in single women. The age is chiefly between forty and forty-five. The diagnosis is important. The significance of bleeding from the vagina must be checked. Urinary symptoms are frequently complained of. This is probably due to a change in the bacterial flora in the presence of carcinoma. Treatment—Operation not advised.—Radium and x-ray. There is a 30.7 per cent cure rate by x-ray and radium based on seventeen clinics. Divided dose type of treatment gives the most satisfactory results.

DR. FRANK E. ADAIR—"Cancer of the Breast, Diagnosis and Treatment". Carcinoma of the breast is on the increase. Attachment of the skin is a very early sign in the breast. A safe rule is to send a patient, with a lump in the breast, to a surgeon, have the lump removed and prepare for prompt radical mastectomy. It is a safe rule to consider a lump in the breast as malignant until otherwise proven. In pre-operative radiation, important time is lost and it is not desirable. The best procedure is prompt removal with post-operative radiation therapy. The best five-year cures were obtained by this method.

Discussors were DRS. PYLE, WATERS, BARBARITO, ALTER, STOCKFISCH, PERLBERG, GLEESON, JAFFIN.

MIDDLESEX COUNTY

W. Edgar Sherman, M.D., Secretary

The November meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on November 17, 1943, with members of the Middlesex County Pharmaceutical Association meeting with the members of the medical profession. DR. JOSEPH H. KLER, President, called the meeting to order. No meeting of the Executive Council preceded the regular meeting.

A letter from COL. CECIL L. RUTLEDGE, Transportation Corps Commandant, Camp Kilmer, was read by the Secretary. In this letter, Col. Rutledge urged the adoption of the Emergency Maternity Infant Plan. This plan was referred to the Executive Council on motion, which was carried.

A letter was also read from the State Medical Society signed by JOSEPH LONDRIGAN, M.D., asking that Middlesex County Medical Society be represented at a meeting of the Special Committee of the Board of Trustees at the Academy of Medicine, Newark, on Sunday, November 21, 1943, at 3:00 p. m., together with representatives of Union and Somerset Counties to discuss the Medical-Surgical Plan. On motion, the Secretary was instructed to write Dr. Londrigan informing him that Middlesex County Medical Society did not wish to be represented.

DR. ALFRED J. BARBANO was elected to full membership.

DR. CHARLES F. CHURCH, Medical Director of E. R. Squibbs, New York City, gave a very fine paper on "Penicillin".

The President was requested to appoint a committee to arrange a joint meeting with the Woman's Auxiliary to the Middlesex County Medical Society.

The meeting was followed by a collation in the cafeteria of the hospital.

The annual dinner meeting of the *Middlesex County Medical Society* was held at the Hotel Roger Smith, New Brunswick, on December 15, 1943, at 6:30 p. m., with about sixty members present.

The annual election of officers and delegates and alternates took place, with the following being elected:

President, DR. JOSEPH M. GUTOWSKI, Perth Amboy
Vice-President, DR. WILLIAM EDGAR SHERMAN, New Brunswick
Secretary, DR. HENRY T. WEINER, Perth Amboy
Treasurer, DR. WILLIAM H. MCCORMICK, JR., Perth Amboy
Reporter, DR. F. J. KOELSCH, New Brunswick
Delegate to the Nominating Committee, State Medical Society Annual Convention: For one year:
DR. JOSEPH H. KLER
Alternate, DR. C. F. MERRILL
Delegates and alternates to the House of Delegates, State Medical Society: For period of three years:
Delegates—DR. IRA T. SPENCER, DR. J. H. ROWLAND, DR. WILLIAM H. MCCORMICK, JR., DR. F. M. CLARKE
Alternates—DR. WILLIAM C. WILENTZ, DR. L. A. M. FEHER, DR. J. J. MANN, DR. MAURICE RONA

A report of the financial status of the Society was read by the Treasurer, Dr. William H. McCormick, Jr.

The case of Dr. Otto Walker of Carteret was referred to the Ethics Committee for final disposition.

DR. SPENCER T. SNEDECOR, Major, Medical Corps, Surgeon in Charge, Orthopedic Surgery, Valley Forge General Hospital, Valley Forge, Pa., gave a highly instructive and informative paper on war surgery, illustrated with lantern slides.

In his farewell speech, Dr. Kler asked for a better understanding among the doctors.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Mrs. Asher Yaguda

There are some of us who believe that initiative is largely dependent on hope of reward. It is only natural that we take a more sincere interest in something that is close to us.

So it is with our work as an Auxiliary to The Medical Society. All that we undertake to do is being done for our own — our husbands, our brothers or fathers and the profession that they represent. The reward that we hope for is rarely paid to us directly, but indirectly we benefit not only those we love, but our fellowmen as well.

Let us review some of the programs we have in force this year and consider what reward our work will bring. In legisation we are aiding in the effort to defeat that which would regiment the practice of medicine and remove the people's privilege of choosing their own physicians. Our bid to increase membership in the Auxiliary so that New Jersey will be 100 per cent organized is necessary in order to put before all of the citizens of our state a clear picture of the danger of pending medical legislation, such as the Wagner Bill.

Our Publicity Committee tries, at all times, to apprise the public of the activities of The Medical Society and the Auxiliary, and to refute, by guided press releases, any statement not in the best interest of the two organizations.

In public relations work the aim is toward a complete health education, through the mediums of health programs, radio forums and publicity designed to promote the good will of the people toward the medical profession. Our sponsorship of the authentic health magazine Hygeia is part of the plan of health education.

Our war work program has many ramifications. The principal endeavor is the instituting of a state-wide general registration bureau of hospital volunteers, together with drives for additional manpower for volunteer hospital workers, with the hope that we may have some part in relieving hospital personnel problems. By establishing speakers' groups and furnishing engagements for these speakers, we are assisting the state and county Nursing Associations in their work of recruitment of students for the Cadet Nurse Corps. We are striving not only to welcome the families of service physicians in our midst, but to assure our own members equal hospitality by notifying Auxiliary groups of their presence in out-of-state locations.

We faithfully record the important items of medical happenings so that the histories of our State Medical Society and our Auxiliary shall be preserved for those who follow us in this work.

Thus it is that we serve with an initiative born with a hope of reward. We do our best, for this is our business, our job.

UNITED STATES CADET NURSE CORPS

To relieve the very serious shortage of nurses created by the emergency of the war, Congress has made it possible for the United States Public Health Service, Federal Security Agency, to provide all-expense scholarships and allowances for qualified candidates in accredited schools of nursing meeting requirements of the Bolton Act.

Young women between the ages of 17 and 35, who are graduates of an accredited high school with satisfactory grades, and in good health, may qualify to become members of the United States Cadet Nurse Corps. It is stipulated, however, that all enrolling in the Corps promise to remain (health permitting) in some form of essential nursing, either military or civilian, for the duration. They are not required to pledge themselves to military service alone.

Students so enrolled are members of the United States Cadet Nurse Corps. They receive full training in an accredited school of nursing. Complete tuition, all fees, books, room, board, uniforms, and monthly cash allowances are provided throughout training. Even though the training is accelerated, a student is given the same complete education she would have received before the curriculum was accelerated. Great care has been taken to preserve nurse education standards. Upon

graduation, a Cadet Nurse is eligible to become a Registered Nurse.

This vital need for nurses is a national project in which the Woman's Auxiliary is urged to participate. Mrs. Oscar W. Friske of the Woman's Auxiliary to the American Medical Association is the national chairman, acting directly under Dr. Thomas Parran, Surgeon General, U. S. Public Health Service.

After a careful survey it was estimated the schools of nursing of the country needed 65,000 students for the school year 1943-44. Of this quota 41,270 students, or 63 per cent, were admitted in the summer and fall of 1943, leaving 23,730, or 37 per cent, to be recruited for spring classes.

New Jersey's 44 schools of nursing are within 39 per cent (936 students) of meeting their quota. Two thousand, three hundred and eighty-six students were admitted in the summer and fall of 1943.

Each Auxiliary should familiarize itself with this project and should contact the local hospitals and the local Nursing Councils for War Service and offer to coöperate with these agencies in this recruitment program. Pamphlets and printed material may be obtained from Headquarters of the New Jersey Nursing Council for War Services, Inc., Room 1112, 17 Academy Street, Newark 2.

AT HOME

The Medical Society of New Jersey has extended to its Auxiliary the use of its new offices for their regular Executive Board meetings. The Auxiliary has accepted this offer and feels that the background of this stately dwelling will add much to its prestige.

EXECUTIVE BOARD MEETING

Mrs. Lodovico Mancusi-Ungaro, Chairman of Press and Publicity

The second meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey for the year 1943-1944 was held in the Executive Offices of The Medical Society of New Jersey in Trenton, on January 10, 1944. In the absence of the President, Mrs. James J. McGuire of Trenton, First Vice-President, presided.

After a business session in the morning, the Executive Board and the Presidents of the County Auxiliaries were served a buffet luncheon.

Immediately following the luncheon and business meeting, Miss Agnes Ohlson, a Nurse Education Consultant of the Public Relations Division of Nurse Education, United States Public Health Service, spoke to the Executive Board on the Cadet Nurse Recruitment program. When she had finished, Miss Wilkie Hughes, Executive Secretary of the New Jersey Council for War Service, spoke on the New Jersey aspects of this program.

Leaders in the field of nursing are needed, and are needed quickly to keep up the level of nursing care. The needs of the armed forces must be met first; then those of industry; and last of all those of the civilian population. The post war field for nurses is vast, for only in the United States is nursing education being carried out, and opportunities for post war jobs in the nursing field are unlimited.

The Woman's Auxiliary to The Medical Society of New Jersey was asked to use all its influence in coöperating in this recruitment program with the existing nursing councils.

HYGEIA

Mrs. F. G. Wandall, Chairman

More than four hundred high schools and other educational institutions in New Jersey subscribe to A. M. A. health magazine *Hygeia*. It is very gratifying to know that *Hygeia* is not a total stranger to the people of New Jersey.

Many of the county superintendents of schools have been most enthusiastic in their approval and praise of *Hygeia* in letters to the state chairman. And so our campaign this year, to place *Hygeia* in as many accessible places as possible for 'teen-age boys and girls, as well as professional waiting rooms, public libraries, and U. S. O. centers, already has a head start.

"P" IS FOR PASSAIC COUNTY

MRS. JOSEPH E. MOTT, President

The Woman's Auxiliary to the Passaic County Medical Society is endeavoring, in every possible way, to coöperate with the Woman's Auxiliary to The Medical Society of New Jersey.

These are not usual times, and because of the many war activities the members are assisting with, and the mental distress of many of our members, all auxiliaries are facing a difficult period. Especially this seems to be true in Passaic County. In reading articles written by other county presidents, it would seem that we here in Passaic County have fallen behind in our activities. Viewing this in the light of past achievements, it is not really true, but the pleasure of indulging in reviewing past accomplishments is not to be condoned.

At the first meeting of the Auxiliary held in October, the President resigned, and as First Vice-President, I succeeded to the office of president. At that time there was much discussion as to our continuing or disbanding. However, the majority felt that it would be both unwise and unfair to our State Auxiliary to disband, but that we should continue on a smaller scale than heretofore. It was decided to meet on the regular dates, and to follow the State's suggestions and projects, but to limit our activities to three committees. It was decided that the ones of the most importance were: Legislation, Public Relations, and Press and Publicity.

Legislation was chosen as the one of most importance at this particular time because of the proposed Wagner Bill. It is important to know the details and dangers of this bill, which will, if enacted into law, destroy the private practice of medicine. So the auxiliaries must take up the opposition to it, while so many of our men are giving their service to their government.

The Public Relations Committee was considered important for the same reasons as the Legislation Committee.

The Press and Publicity Committee was chosen to become one of the three major committees, since without this particular committee, the Auxiliary would be entirely unknown to the public.

The main object of the Auxiliary for the current year is to put forth a concentrated effort to enlighten the public to the dangers of socialized medicine, and to coöperate wholeheartedly with the State Auxiliary in any project it may undertake to sponsor.

"W" IS FOR WARREN COUNTY

MRS. FLOYD A. SHIMER, President

The women of America are contributing their all to the war effort, and this is particularly true of the members of the Woman's Auxiliary to the Warren County Medical Society. With the scarcity of domestic help and nurses, many of us must assume the full responsibility of our homes and are often called upon to assist our busy husbands in their work.

So far this year we have held five meetings. We have only fourteen members but most of them live in Phillipsburg. We hold our meetings in Belvidere, Washington and Phillipsburg. Our September meeting was held in Belvidere with eleven members and three guests present.

The October meeting was also held in Belvidere with seven members present. This was a morning meeting, followed by a luncheon with members of the Warren County Medical Society. At this meeting our Bulletin Chairman reported that a total of thirteen of our members subscribe to the Bulletin. We are particularly proud of this fact and sorry we could not make it 100 per cent.

The November meeting was held in Phillipsburg with ten members present. This was a dessert bridge. Our Hygeia Chairman brought sample copies, and it is hoped to get subscriptions to this publication.

Our December meeting was a luncheon and Christmas party and gifts were exchanged. Ten members and three guests were present. One of our guests was a member of an auxiliary in Pennsylvania. She expressed surprise that we had such good attendance and such nice meetings and wished that she could belong to a group like ours. Our hostesses for the December meeting made a hundred silver stars for decorations, which were then given

to the Warren Hospital for use on the Christmas tree in the children's ward.

Our January meeting was a morning meeting held in Phillipsburg, followed by a luncheon with members of the Warren County Medical Society.

We have two Publicity Chairmen, one sends the notices of our meetings to *The Journal,* and the other one sends them to the local newspapers. We have notices of our meetings in the local papers before and after each meeting.

Plans are already under way for our May card party, receipts from which will be used for maintenance of the room in Warren Hospital which was furnished by our Auxiliary.

Our aim at all times is to create and maintain good fellowship among the doctors and their families throughout the county.

FUTURE AUXILIARY EVENTS

Atlantic County — Mrs. Samuel Salasin, Chairman of Publicity.

A card party for the benefit of service men of the England General Hospital will be held at the Madison Hotel, Atlantic City, Tuesday afternoon, March 14, at 2 p. m. Mrs. Anthony Merendino and Mrs. Robert A. Bradley are chairmen of the affair.

Essex County—Mrs. Frank A. Bien, Publicity Chairman.

March Health Meeting, jointly sponsored by the Woman's Auxiliary to the Essex County Medical Society and Contemporary of Newark.

Members, Contemporary and friends are cordially invited to attend Health Day open meeting on Tuesday afternoon, March 21. Dr. Benjamin Saslow will speak on "Nutrition in Wartime". The joint chairmen are Mrs. Frank J. McCauley (Chairman of the Committee on Public Relations of the Essex County Auxiliary) and Mrs. Frank S. Forte (Chairman of Health Committee, Contemporary of Newark).

Hudson County—Mrs. Peter Maras, Chairman of Publicity.

The Hudson County Woman's Auxiliary is planning a benefit card party for war purposes to be held in April.

Middlesex County—Mrs. Charles F. Merrill, Chairman of Publicity.

A general meeting followed by a social will be held at the home of Mrs. M. S. Brody, 47 Raritan Avenue, Highland Park, at 8:30 p. m., March 15.

Passaic County — Mrs. Irving Silverman, Chairman of Publicity.

On March 20, in the Passaic Y. M. H. A., the Superintendent of the Passaic Schools will speak to the Auxiliary on Juvenile Delinquency.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel Salasin, Chairman of Publicity

Reports on the Executive Board meeting in Trenton on January 10 and plans for the Annual Meeting of The Medical Society featured the luncheon meeting of the *Atlantic County Medical Auxiliary* held at the Madison Hotel, Atlantic City, on January 14. Mrs. G. Ruffin Stamps presided at the meeting. The reports were given by Mrs. Ily Beir, Mrs. Daniel C. Reyner and Mrs. David B. Allman.

It was annouced that Mrs. Charles Hyman is chairman of the Auxiliary meeting to be held on February 11 at the Madison Hotel at 2 o'clock. Miss Arreta Watts of the duPont Company will be guest speaker, discussing "How Chemistry Is Meeting Our Needs Today".

Camden County

Mrs. A. M. K. Maldeis, Chairman of Publicity

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held on January 4th at the home of Mrs. A. Haines Lippincott, Camden.

Mrs. Lester R. Wilson, president of the group, conducted the business session. Mrs. Lippincott spoke on behalf of the coming cancer drive. She urged all the members to be ready and willing to help in any way possible to make the drive successful.

Mrs. Wilson announced that plans are under way for the annual card party to be given by the Auxiliary. The card party is to be held in the main ballroom of the Walt Whitman Hotel, Camden, on Monday evening, February 28th. Mrs. Harold Eynon, Collingswood, is Chairman of Arrangements for the card party, with Mrs. George German, Merchantville, and Mrs. William Braun, Merchantville, as co-chairmen.

The meeting was then turned over to the speaker of the afternoon, The Rev. H. O. Wyatt, Pastor of the North Camden Baptist Church, whose topic was "Present-Day India". The Rev. Mr. Wyatt gave a

most interesting account of the people, the customs and conditions in India today. He showed the reasons why India is vital to our prosecution of the war; why India, in his opinion, without England, would be the most hopeless country imaginable, and, on the other hand, why the British Empire, without India, would crumble. The Rev. Mr. Wyatt lived for a number of years in India as a missionary.

Following the address tea was served by the Hospitality Committee.

Essex County

Mrs. Frank A. Bien, Chairman of Publicity

On Monday, January 24, at 2 p.m. the *Woman's Auxiliary to the Essex County Medical Society* held a regular meeting devoted entirely to a study of the pending problems of medical legislation. Mrs. Samuel H. Jessurun, Chairman of Legislation, gave a very scholarly paper on the Wagner-Murray-Dingell Bill. Mrs. Frank A. Bien presided in the absence of Mrs. Comando.

Hudson County

Mrs. Peter Maras, Chairman of Publicity

The *Woman's Auxiliary to the Hudson County Medical Society* held a regular business meeting February 7 at 1 p.m. The members were asked to promote the sale of war bonds and stamps, and a donation of $50 was made to the Red Cross. The speaker of the afternoon was Mr. David Armstrong, who reviewed "The Robe".

BOOKS RECEIVED FOR REVIEW

Pathology and Therapy of Rheumatic Fever. By Leopold Lichtwitz, M.D. Foreword by William J. Maloney, M.D., LL.D., F.R.S. (Edin.). Edited by Major William Chester, M.C. Pp. 211. New York, Grune & Stratton. 1944. $4.75.

The 1943 Year Book of Industrial and Orthopedic Surgery. Edited by Charles F. Painter, M.D. Pp. 440. Chicago, Year Book Publishers, Inc. 1943. $3.00.

The Permeability of Natural Membranes. By Hugh Davson, D.Sc., and James Frederic Danielli, D.Sc., A.I.C. With a foreword by E. Newton Harvey. Pp. 361. Cambridge, University Press. New York, The Macmillan Company. 1943. $4.75.

BOOK REVIEWS

Medical Malpractice. By Louis J. Regan, M.D., LL.B. Pp. 256. St. Louis, C. V. Mosby Company. 1943. $5.00.

The contents of this volume deal with malpractice or negligence on the part of the physician practicing medicine; the relations between physician and patient; the special rights of the patient which have to be respected; the liability of the physician for the acts of a partner, employee or associate; the hospital practice of a physician and its liabilities; the conditions of the physician to malpractice suits; malpractice vulnerability and the prevention of malpractice claims; and the defense of alleged malpractice suits. It is replete with information of the utmost importance to every doctor whose practice is liable to be sued, justly or unjustly. He must learn what to do to protect himself and to prevent as far as possible any suits against him.

"At the present time malpractice presents one of the most serious problems confronting all those who come in contact with the field of medicine." Both the doctor and the patient will benefit immeasurably from a complete understanding of the nature and extent of malpractice cases and from a comprehension of the ways in which unnecessary friction may be eliminated from the doctor-patient experience. It is largely dependent upon the education of the profession and the public as to their interrelationships. The doctor should inform himself thoroughly as to his rights and his duties to his patient and his fellow practitioners. The book is heartily recommended to every active practitioner of medicine.

C. C. Beling, M.D.

Backache and Sciatic Neuritis: Back Injuries—Deformities—Disease—Disabilities, with notes on the Pelvis, Neck, and Brachial Neuritis. By Philip Lewin, M.D., F.A.C.S. Pp. 745 with 235 figure illustrations. Line drawings by Harold Laufman, M.D. Philadelphia, Lea & Febiger. 1943. $10.00.

Now that backache is so common a complaint in a vastly augmented army of industrial workers as well as in the armed forces, the publication of this book is timely. Since backache may result from so many and such varied causes, an accurate diagnosis is often difficult. Diagnosis requires an intimate knowledge of the structure and functions of the back itself, including its special points of vulnerability, and a thorough understanding of the part played by congenital defects, faulty posture, traumatic injuries, neoplasms, arthritis, infections, metabolic and circulatory disturbances, and neurologic and systemic diseases, in the production of backache. Information on these and other related factors is here conveniently organized in one volume.

The anatomy of the spine and its importance in the physiology and biomechanics of the back are described. A chapter is devoted to the intervertebral disk syndrome, which has been intensively studied during the last decade and is now recognized as a clinical entity. Ruptured intervertebral disk, or herniation of the nucleus pulposus, which used often to be mistakenly diagnosed as chondroma, is described as probably the most common cause of sciatic pain. Protrusion of a disk usually occurs in the lumbar region, where nerve-root com-

pression gives rise to referred pain in the sciatic nerve. Intractable low-back pain or sciatica should suggest a diagnosis of ruptured disk, which can often be made from the history and physical examination alone. The intervertebral disk syndrome is a frequent result of sudden or repeated traumatic injury, but may occur from other causes which are listed. Criteria for diagnosis and differential diagnosis are given in detail. The condition may yield to conservative treatment, and this the author states should always be tried before operative correction is contemplated. Other etiologic factors in sciatica are discussed, among which nutritional and vitamin deficiency is mentioned as a predisposing condition. Operative technique for disorders of the back is described at length.

A chapter on traumatic and industrial causes of backache outlines the management of strains, sprains, contusions and concussions of the back, and includes directions for first aid. Noteworthy and timely is a chapter on back disorders, including wounds and burns, occurring in the military services. Current therapeutic practices including the use of sulfonamides and penicillin in combating infections are described.

In the chapter on anterior poliomyelitis, the Kenny method of treatment is described and evaluated, as are a number of other forms of therapy. An appendix includes informative excerpts from the writings of a number of authorities on the subject. These include a discussion of low-back pain from the orthopedic standpoint, postaxial referred pain producing backache and sciatica, neurologic diagnostic criteria, compensation and other medicolegal aspects of back disorders, psychologic aspects of physical therapy, and lesions of the genitourinary tract in relation to backache.

The text is illustrated throughout by excellent drawings showing anatomical relations, operative technique, postural correction, proper methods of strapping injured parts, and various other steps in the management of back disorders.

The book should prove useful to the orthopedic surgeon, the gynecologist, and the neurologist, but perhaps more especially to the industrial physician and the military surgeon.

J. M. CARLISLE, M.D.

Internal Medicine in General Practice. By Robert Pratt McCombs, Lieut. (M.C.) U. S. Naval Reserve. Pp. 694. Philadelphia, W. B. Saunders Company. 1943. $7.00.

Medical literature has improved in style and content from the ponderous dissertations that were considered proper for so important a profession years ago. The trend is more and more to a style that is readable and interesting, with the subject matter following a logical sequence. Whatever the foundation for this trend, the result is increasingly evident in new text books that are published.

Internal Medicine in General Practice was, the author states, written to fill a need which he found apparent during an experience as instructor in a post-graduate course in internal medicine sponsored by the Tennessee State Medical Association. The same need would doubtless be found in many other states, and in sections of some states that can boast of justly famous teaching institutions. Lieutenant McCombs has filled that need by using his experience to excellent advantage and has written a book that fills all the requirements of good literature and skillful "portrayal" of the subjects in hand. He has done a masterly piece of work in condensing the many subjects of internal medicine into one volume of less than 650 pages. The chapters follow a logical arrangement and are divided into sections that make for easy reference. The illustrations are well selected to enhance the subject matter.

A word of praise is due the publishers for their part in producing a volume that is easy on the eyes. The choice of print and contrast of type are the final touch to a very readable book.

SAMUEL BARBASH, M.D.

Orthopedic Nursing. By Robert V. Funsten, M.D., and Carmelita Calderwood, R.N., A.B. Pp. 602 with 181 text illustrations. St. Louis, C. V. Mosby Company. 1943. $3.75.

This textbook will stimulate study by the student nurse and aid the graduate nurse interested in a refresher course in orthopedic nursing. The instructor will find the section of questions at the end of each unit very helpful.

The authors have submitted an abundance of valuable material on the techniques and methods required in the nursing care of patients in traction, Bradford and Whitman frame cases. Special attention has been directed to the nursing care of patients with congenital deformities, fractures and various types of paralysis including infantile, cerebral palsy and Erb's paralysis.

Comments by Sister Kenny on the nursing care of poliomyelitis in the acute stage, and the nursing responsibilities and skill required for the war disabled give the book the thoroughly adequate and up-to-date view of the essentials of orthopedic nursing.

This book can be highly recommended as one of the best.

BLANCHE O. SEAMAN, R.N.

Religion and Health. By Seward Hiltner. Pp. 292. New York, The Macmillan Company. 1943. $2.50.

The focusing of an eye piece to obtain a vista for oneself is not always satisfactory for the other person who looks through the same transit. It is the same story if one looks through a telescope, a microscope or a theodolite. So as one starts to read this interesting book one is confronted by the suspicion that an occasional look does not betoken too profound a knowledge of a subject that in its entirety is still enveloped in a quagmire of uncertainty.

The writer confesses, "I have not tried to avoid differences, but have endeavored to lay a foundation at the points where a foundation actually exists—after which controversy may be productive."

The author, like many authors, honest, sincere and anxious, has striven to contribute something for the benefit of humanity. More power to him; may he continue to strive for human betterment.

C. C. BELING, M.D.

Frontiers in Cytochemistry: The Physical and Chemical Organization of the Cytoplasm. Ed. by Normand L. Hoerr. Biologica Symposia Series, v. 10. Pp. 334, illus. Lancaster, Pa., Jaques Cattell Press. 1943. $3.50.

A more suitable designation than "Frontiers in Cytochemistry" could hardly have been selected for this important summarization of the diverse ramifications which have evolved from the modern studies on the physiology of living cells. Titular recognition of this field represents a high point in the organized attack on the physico-chemical mechanisms of the individual cell as a metabolic system, and, as these reviewers see it, clearly defines the attitude and equipment with which present and future investigators in the province of living tissues, both normal and pathological, henceforth must be outfitted. The interest and application to modern experimental clinical medicine in particular is obvious. To paraphrase a famous aphorism of Pasteur, experimental clinicians unfortified with these newer fundamentals are destined to be "soldiers without weapons." It is a distinction for a medical man today to be conversant with concepts of the intimate workings of cells; the availability of this volume could do much to make it less of a distinction and more of an obligation.

Dedicated to Dr. R. R. Bensley, ". . . the acknowledged founder of the new cytology", and edited by N. L. Hoerr, this volume, the tenth in the *Biological Symposia* series, is a collection of 14 essays by noted specialists in the technical fields and delivered for the most part in a manner refreshingly different from the usual text book style. The scope, from the standpoint of the medical man, is evidenced by the fact that here he may find comprehensive coverage of subjects like cellular respiration by E. S. Guzman Barron, "Fibrous Nucleoproteins of Chromatin" by A. E. Mirsky and A. W. Pollister and "Experimental Epidermal Methylcholanthrene Carcinogenesis in Mice" by E. V. Cowdry, to mention only three. No treatise on cytoplasm would be complete without a contribution from Robert Chambers, and this volume is no exception. For the most part, the emphasis is on factual results and concepts with scant heed to methods and techniques, but there is one chapter entitled "Methods of Isolation of Morphological Constituents of the Liver Cell" by N. L. Hoerr, in which field recent developments necessitate its treatment as a science in itself. The substance of the technical chapters is nicely rounded out by generalized summary chapters on the chemical structure of cytoplasm and the chemistry of cytoplasm by A. Lazarow and Dr. Bensley, respectively.

The physical make-up of the book is in the good style expected of the Jaques Cattell Press. One wonders why the publishers of this series of volumes persist in having the textual matter on paper of a quality seemingly quite inferior to that of the pages on which the numerous excellent photographs are reproduced. Doubtless in the present instance it is a matter of war-time expediency and not, we hope, one of choice.

J. M. Carlisle, M.D., and J. W. Foster.

Reaction to Injury; Pathology for Students of Disease Based on the Functional and Morphological Responses of Tissues to Injurious Agents. By Wiley D. Forbus, M.D. Pp. 797, 532 illus., 20 in color. Baltimore, The Williams & Wilkins Company. 1943. $9.00.

Half of the projected task as planned by Forbus is represented in this fine book. Some conception of the immense amount of energy involved in its preparation can be gained from a glance at the size and character of the present volume. One is immediately impressed by the excellence of the arrangement, illustrations and the quality of the printing, paper and composition. About 90 per cent of the illustrations are original. The reader is apt to receive an initial impression that the book is entirely new in scope and subject matter. However, further examination reveals that the book is essentially a general pathology. It differs from other texts not so much in the subject matter covered as in the manner in which it is presented. As the title suggests, diseases are classified into various groups which depend on the reaction of the body to agents and influences comprising the environment. The present volume deals only with the infectious diseases. A second volume which will complete the work is in preparation. This will deal with the submissive and adaptive types of tissue reaction. Although the field of diseases covered by this book places it in a category of general pathology, it would be unfair to dismiss it with this simple description. The fields of bacteriology and parasitology are treated at some length. The section dealing with the history and evolution of present day pathology is especially interesting.

In his discussion (page 46) of the cause of disease the author writes, "If disease be considered reaction to injury the basic pathological process should be accepted as the point of attack of most promise in its study. This is the easiest approach because of the fact that the human organism is capable of responding to injury in a limited number of ways, whereas the number of causes for the response is almost limitless."

Although it will be a valuable reference book for the specialist and general practitoner, this book will find its greatest usefulness as a text book for the instruction of medical students. It is safe to predict that it will find a place in medical libraries along with the established texts of MacCallum and Delafield and Prudden. In fact, it will probably replace these in many medical schools as the recommended textbook for pathology. Its modern conception and treatment of the subject matter is sure to appeal to the medical student.

Arthur R. Abel, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **February, 1944** **No. 2**

THIS is the time of year when the commoner communicable diseases are apt to dominate the medical scene. Johnny breaks out with a rash; Mary has a suspicious parotid swelling; Jimmy's throat is red and sore; Dad has a chest cold that will bear watching for possible pneumonia. Suddenly these troubles bubble up; furiously they boil; generally they cool with equal rapidity. But there is one common communicable disease that seldom flaunts a rash, that does not start with a high fever, that fails to herald its approach by means of sore throat, overwhelming malaise, violent headache or major digestive upset. That disease is tuberculosis, and the time of the year to watch out for it is exactly twelve months long!

SEASONAL MALADIES

In combating the spread of communicable diseases, the isolation of the case throughout the period of marked infectivity is of considerable importance. At best, however, this can be only partially accomplished, for the period of infectivity so often begins hours or days before symptoms sufficiently manifest themselves to make possible a diagnosis. Mild subclinical infections go undiagnosed, yet serve to spread infection to others. Obviously, with such initial gaps in isolation procedure, we can hope to gain but little by being hyper-meticulous in carrying out the latter part of the isolation process. The effort should be twofold: (a) to prevent, as far as practicable, the spread of infection to others; (b) to keep the time lost by the case in isolation at a minimum.

With this double objective in mind, we should avoid on the one hand, such lax regulations as would permit German measles cases to carry on their regular duties and contacts in the obvious presence of rash and swollen post-cervical lymph nodes, and on the other hand, such strict regulations as would keep scarlet fever patients routinely under isolation for six weeks or more. A well balanced communicable disease control program will endeavor to isolate suspected cases promptly and freely; will release them just as promptly when observation shows the suspicion unfounded; and will extend the isolation only through the definitely and dangerously infective period.

Recommended isolation periods for the more common communicable diseases are as follows: (Note—These are Navy suggestions. Physicians will know whether or not they conform to local health regulations—Ed.)

Measles. Communicable from the onset of the catarrhal symptoms (usually at least three days before the appearance of the rash) until the catarrhal symptoms have ceased (usually shortly after the return of the temperature to normal and well before the rash has completely disappeared). In a case without complications or abnormal discharges, release from isolation is usually safe any time after the fifth day following the appearance of the rash, provided the catarrhal symptoms have ceased.

Mumps. Communicable from 24 hours preceding the appearance of symptoms until the subsidence of all swelling in salivary glands or involved testicles. Release from isolation is usually safe 24 hours after all swellings of salivary glands or testicles have subsided. (It should be remembered, however, that with adult males the chance of orchitis persists for about one week after the subsidence of the parotitis.)

Rubella (German Measles). Apparently communicable from 24 hours preceding the appearance of the rash until the subsidence of the rash. Release from isolation is usually safe 24 hours after the disappearance of the rash.

Scarlet fever, Streptococcic pharyngitis, Streptococcic tonsilitis. Most communicable in the first two weeks of the illness, communicable in the third week in approximately 25 per cent of cases, communicable in the fourth week in approximately 5 per cent of cases, communicable after the fourth week in approximately 1 per cent of cases. Release from isolation is usually safe 21 days after the onset of the disease, provided there are no complications or discharges. For another three weeks after release from isolation the patient should consider his nose and throat secretions still possibly dangerous to others. Desquamation has no relation to communicability.

Chickenpox. Infectious from 24 hours preceding the appearance of the eruption until there are no longer any actual pustules. Release from isolation is usually safe when all pustules are gone (usually about seven days from onset), and the patient has taken a thorough bath and shampoo. The dry scabs apparently bear no relation to communicability.

Meningococcus meningitis. Probably communicable throughout the course of the disease and until the meningococci have disappeared from the secretions of the nose and throat. Release from isolation is usually safe when 14 days have elapsed since the onset and the fever has subsided.

Poliomyelitis. Apparently communicable the last one or two days of the incubation period, and for the first seven to ten days of the disease (virus may be found in the stools even much later in the disease). Isolation is necessary only during the first 14 days following onset.

Smallpox. This disease is apparently the most communicable of all diseases. It is communicable from the inception of the first signs or symptoms until the complete disappearance of all crusts and scabs. There is some evidence that the disease is communicable in the last one or two days of the incubation period. Isolation in screened quarters, free from vermin, is necessary until recovery is complete and all crusts and scabs have disappeared.

Diphtheria. Communicable from 24 hours before the onset of symptoms until the diphtheria bacilli have disappeared from the nose, throat or other site of infection. Isolation should be continued until symptoms and discharges have ceased and two successive nose and throat cultures, taken no less than 24 hours apart, are negative.

BuMed News Letter, Bureau of Medicine and Surgery, U. S. Navy, Captain W. W. Hall, Editor. (Journal-Lancet, October, 1943).

TUBERCULOSIS, too, is communicable. Tuberculosis, too, can be found preclinically, using the tuberculin test and the chest X-ray. Tuberculosis contacts, too, must be looked for, examined and protected from further known exposure. Tuberculosis, too, responds to prompt, adequate treatment. By all means keep tuberculosis on your list!

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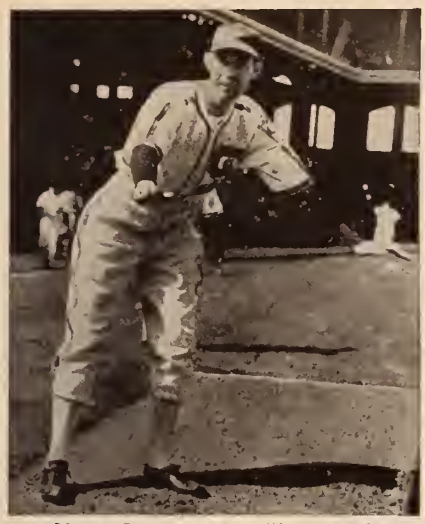
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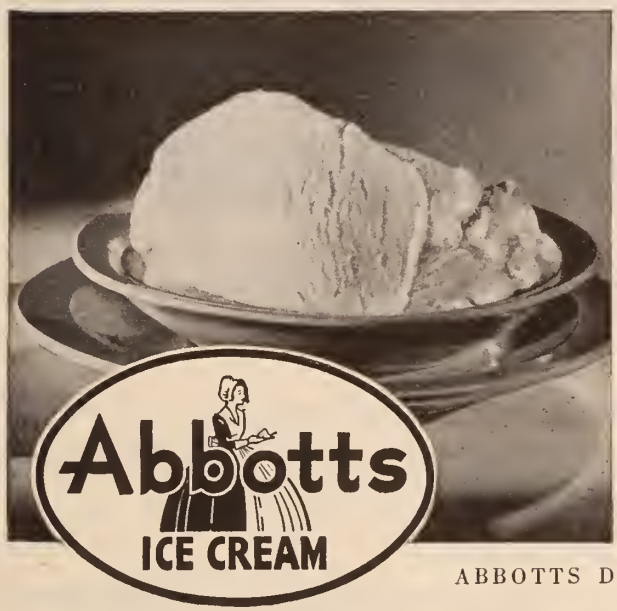
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The Journal is the official organ of The Medical Society of New Jersey, published monthly under the direction of the Committee on Publication. *The Journal* is released on or about the tenth of each month, and a copy is sent to each member of the Society.

Change of Address: Notice of change of address should be sent promptly to The Medical Society of New Jersey, 222 West State Street, Trenton 8, New Jersey.

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Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 3 — MARCH, 1944 — Subscriptions, $3.00 per Year; Single Copies, 30 Cents

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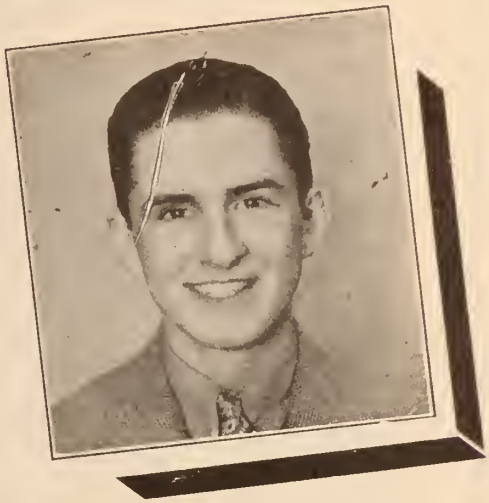
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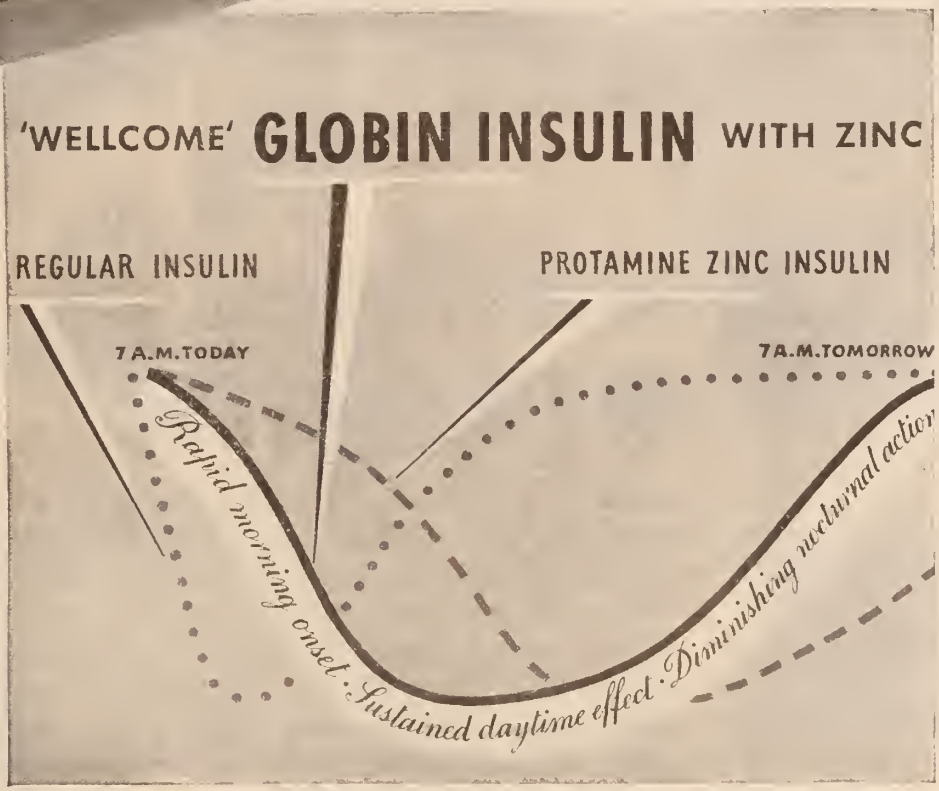
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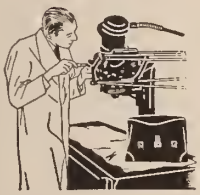
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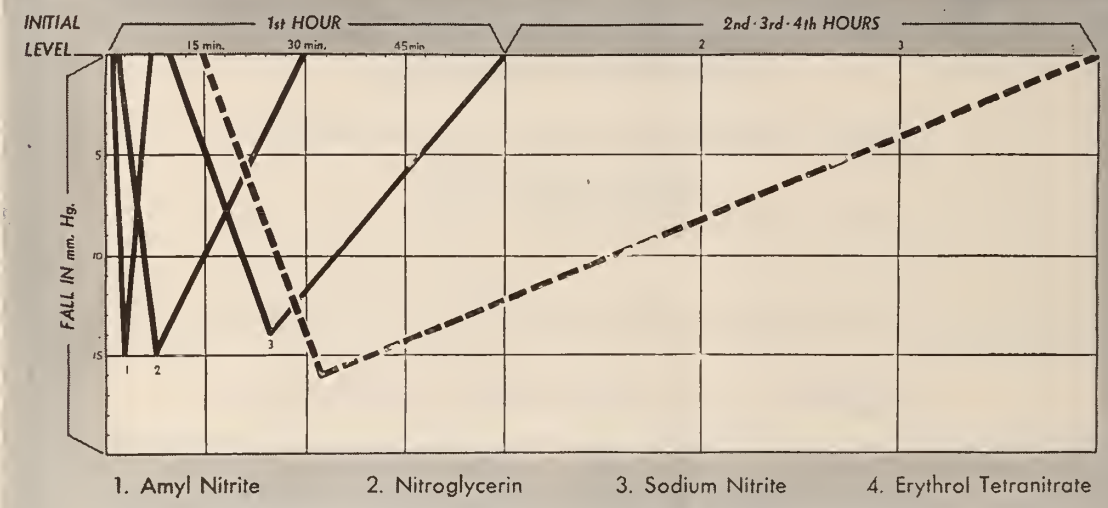
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* *Laryngoscope, Feb. 1935, Vol XLV, No. 2, 149-154*

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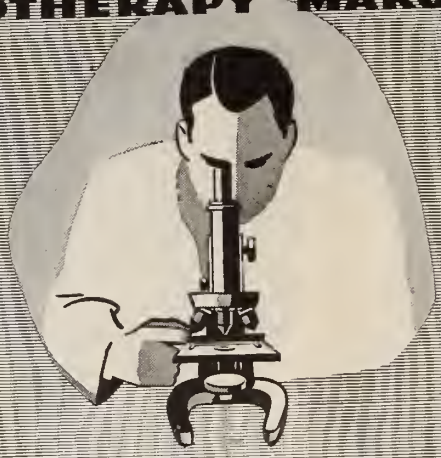
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In 1929 Fleming[1] was led to publish observations arising from a troublesome phenomenon occurring in plate cultures—contamination with molds. He found that a *Penicillium* mold produced a powerful anti-bacterial substance and suggested that this material might be used for the treatment of infections in man. Not until 1940 however did Chain, Florey[2] and their associates re-examine the prior work of Fleming, confirm his original observations and describe isolation of the active principle—*Penicillin.*

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REFERENCES: [1]FLEMING, A.: Brit. J. Exper. Path. 10: 226 (June) 1929.
[2]CHAIN, E.; FLOREY, H. W.; GARDNER, A. D.; JENNINGS, M. A.; ORR-EWING, J., and SANDERS, A. G.: Lancet 2: 226 (Aug. 24) 1940.

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New reprint available on cigarette research — Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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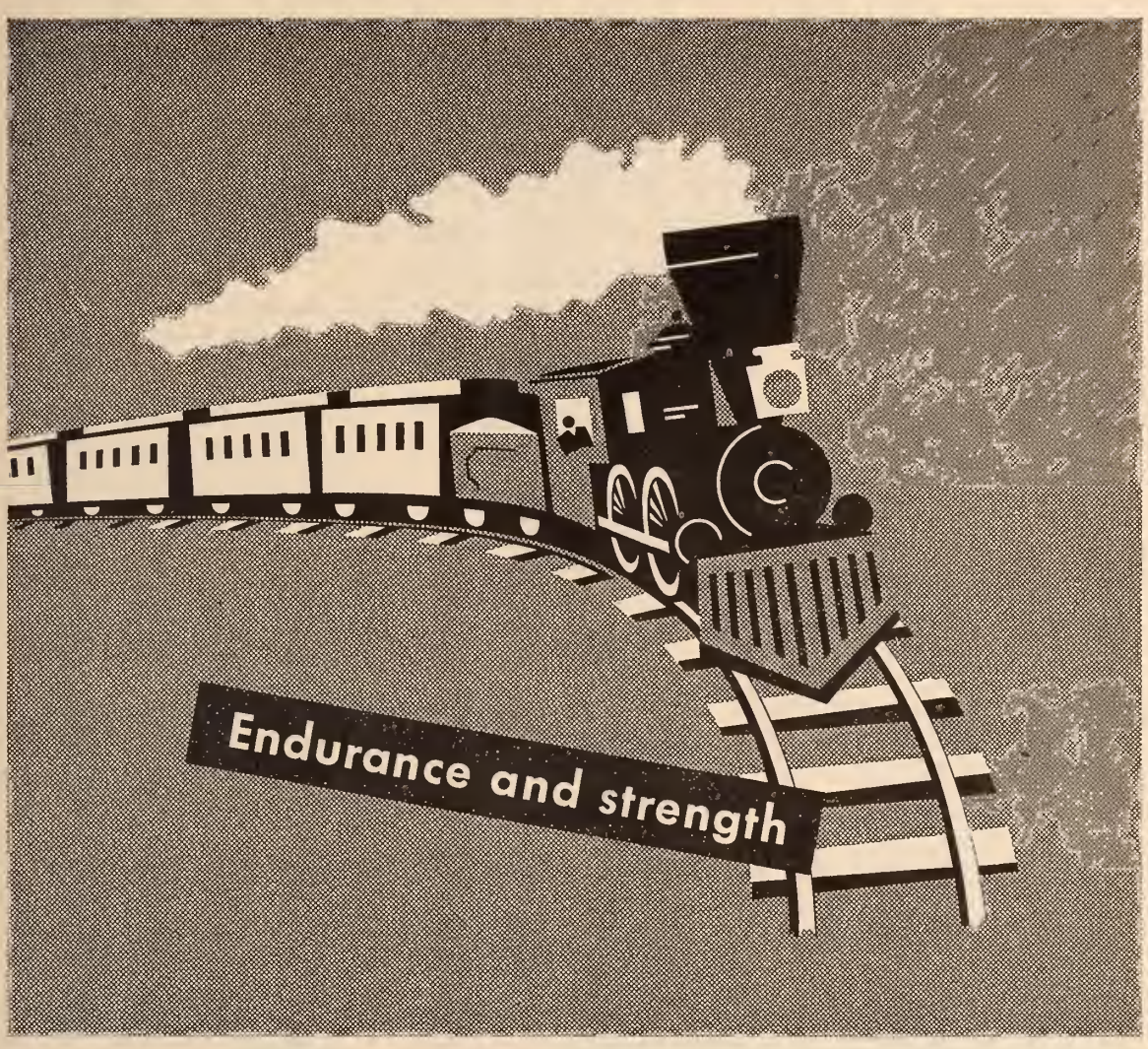
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ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

ut so far I have learned of no other e suggestion which provides the neces- fety valve which such an arrangement would give. It would be tragic if a lot li business concerns were wrecked and orkers thrown into idleness because of nability to cut through the red tape ed in getting their claims settled.

RESPONSIBILITIES OF CONTRACTORS

le making these statements with re- o action by the Federal authorities, I ize, also, that business concerns which war contracts have a responsibility on part to facilitate speedy settlement of ated war contracts. They have the re- bility for preparing their claims ac- y and speedily and presenting them per form. Some progress has been toward getting a recognition of the at industry must play in this respect, rrently more and more experience of ort is now being gained. The con- g services of the Government, I know, very helpful attitude toward this sit- . and the local office of W. P. B. has shed a regional advisory service for war faced with problems resulting from t termination. That is a very helpful ment.

ation to make possible the prompt nt of terminated war contracts is now. It will be unsafe to wait until s a deluge of contract terminations to through legislation on short notice. roblem is too complicated to be dealt ffectively in that way.

ATERIALS FOR CIVILIAN PRODUCTION

ddition to making provision for the ent of terminated war contracts, there the task of facilitating the flow of ais for civilian production as soon as materials can be spared from war pur- f hope that we shall not have unem- ent here in Massachusetts because d materials, which are physically in ex- e in the United States, are unavailable by manufacturers as a result of leg- or administrative restrictions. The legislation vesting the priority power President, which power of the Presi- delegated to the Chairman of the War on Board, is probably adequate to the flow of materials, but it may be ry for the Congress to make sure that ministration of the priority power by ar Production Board is directed effec- toward the speedy and smooth resump- f civilian production. The War Pro- n Board should be expected to elim- ts limitation orders, its conservation and its allocation systems just as s the needs of the war program per-

use of their effects on plans for re- yment, I foresee that these problems tling canceled contracts and securing pplies of raw materials for civilian pro- n will presently be matters of wide- concern here in Massachusetts.

ummarize, my specific recommenda- re that legislation should be enacted r the following points:

EMENT OF TERMINATED WAR CONTRACTS

terminated contracts should be set- egotiation by the contracting agen- he Government, and the negotiated nt should be final in the absence or misrepresentation.

mpt partial payments amounting to large percentage of the claim should d to each contractor upon submittal ified statement of the claim, subject, , to a penalty for perjury.

al settlement committees should be red to authorize partial payments delay of over 30 days occurs on the the Government agency.

4. Contracting agencies should be required to give prompt clearance of claims on work in process. There should be clear-cut procedures for authorizing the removal of Government-owned inventories and machines, with storage at Government expense, in order that civilian production may be started.

5. The dilemma of the subcontractors must be resolved. At the present time the Government exercises the right of approving all payments in settlement of subcontracts but does not assume any responsibility to the subcontractor, with the result that the subcontractor in many cases cannot secure action by either the prime contractor or the contracting agency. I suggest that the local settlement committees proposed above should be empowered to approve settlement of subcontracts if a delay occurs in approval by the contracting agency.

B. DECONTROL OF MATERIALS

1. As soon as war conditions permit, the rules for the release of scarce raw materials should be revised with a view to facilitating the rapid resumption of civilian production.

A Magnificent Job

EXTENSION OF REMARKS
OF
HON. LOUIS LUDLOW
OF INDIANA
IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 11, 1944

Mr. LUDLOW. Mr. Speaker, Indianapolis and Indiana are very proud of the great pharmaceutical house of Eli Lilly & Co., which has processed its millionth blood donation without a cent of profit. This record is in keeping with the fine, generous spirit which this firm always has manifested in the service of our country and which long ago brought to it the recognition of an Army-Navy E award. Commenting on the company's contribution to the blood campaign, which means so much in saving the lives of our precious boys, the Indianapolis News says editorially:

LILLY'S CONTRIBUTION

In the midst of charges that some concerns are making an unholy profit from war contracts it is heartening to learn that the Indianapolis laboratories of Eli Lilly & Co. have processed 1,000,000 blood donations entirely on a nonprofit basis.

In addition to performing this service at cost, the expense involved has been decreased constantly through the introduction of more efficient methods.

There certainly could have been nothing unethical if the Indianapolis pharmaceutical house had sought a minimum profit for the work it has been doing.

Donations of blood at Atlanta, Chicago, St. Louis, Detroit, Cincinnati, Louisville, Columbus and Indianapolis have been converted into live-saving plasma at the Lilly plant, involving the installation of new equipment and the employment of much additional skilled personnel.

The patriotic Americans who donated this blood, however, got nothing for their contributions and the Lilly Co. determined that its connection wiht the effort to strengthen the wounded on every fighting front should be entirely shorn of private gain. From beginning to end, it has been and is—a magnificent job.

The Gates Must Not Be Closed

EXTENSION OF REMARKS
OF
HON. SAMUEL DICKSTEIN
OF NEW YORK
IN THE HOUSE OF REPRESENTAT

Tuesday, January 11, 1944

Mr. DICKSTEIN. Mr. Speaker, leave to extend my remarks in the ORD, I include the following editorial the Daily Mirror of January 4, 194

THE GATES MUST NOT BE CLOSE

When Congress reconvenes on Janu it should take up the Gillette-Taft-Bal Rogers resolution.

This resolution calls for the format a Presidential commission to create m ery, in conjunction with the Unite tions, to rescue the millions of Jew are now being systematically exterm by the Nazis and their Quislings.

When the Presidential commission g work, one of the first things it shoul to seek the abrogation of the Cham "White Paper" of May 1939.

At present, Palestine is being admin by Great Britain in conformity with t icy embodied in the "White Paper," tue of which Jewish immigration int tine is now limited and is to be pr stopped after March 31, 1944. The to be reduced to a permanent min 33 percent in the country and the land to Jews is to be practically pro

A DIRECT REPUDIATION

This is a direct repudiation on En part of the League of Nations Manda the Balfour Declaration incorporated mandate of 1917.

According to this declaration, Palest to become a national Jewish home un protectorate of England.

In 1939, after the Jews had created ern civilization in what was practic Arabian desert, England turned h on her solemn promise of 1917.

This perfidity of Britain toward t was denounced by no one more vi than by Winston Churchill in Parlian the debate on the "White Paper" when he said:

MR. CHURCHILL'S REGRET

"As one intimately and responsib cerned in the earlier stages of our P policy, I could not stand by and see engagements into which Britain has before the world set aside for reason ministrative convenience or for the quiet life. I should feel personally rassed in the most acute manner myself by silence or inaction to wha regard as an act of repudiation.

"I regret very much that the pledg Balfour Declaration, endorsed as it h by successive governments, and the tions under which we obtained the m have both been violated by the Gover proposal.

"I select one point upon which plainly a breach and repudiation of four Declaration—the provision tha immigration can be stopped in 5 ye by the decision of an Arab majority. a plain breach of a solemn obligation

As the Palestine Mandate was ord the League of Nations, it cannot b gated even by Great Britain herself the consent of the League.

A SOLEMN OBLIGATION

But the League did not give its cons the 1939 abrogation.

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 475

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 3 March, 1944 Single Copies, 30 Cents
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HOW TO READ YOUR ACCIDENT AND HEALTH POLICY

This editorial analyzes the essential features of the State Society's Plan of Accident and Health Insurance issued on a non-cancellable group plan basis for our County Medical Societies, as measured by a study prepared by a Committee of the Providence Medical Association in 1940. We score 100 per cent!

"How to Read Your Physician's Accident and Health Policy", is the title of a "Digest" of the provisions of typical accident and health policies prepared by the Committee on Insurance of the Providence Medical Association in 1940.

This "Digest", ingeniously prepared to resemble an insurance policy itself, analyzes each of the important clauses and characteristics of accident and health insurance policies, explaining which are the broadest clauses and the most valuable features of a policy to be sought when a physician is buying accident and health insurance.

Using this disinterested and informative analysis as our guide, we find that the Physicians Special Policy issued by the National Casualty Company for the members of The Medical Society of New Jersey scores practically 100 per cent in all respects.

In the first place, the highly important insuring clause covering "disability resulting from accidental bodily injury" is characterized as the "broadest available" by the Providence study.

IMPORTANCE OF DISMEMBERMENT BENEFITS

Second, the Providence "Digest" emphasizes the importance of substantial benefits for dismemberment and loss of sight as against a minimum of death benefits. The National Casualty policy provides a basic death benefit of $1,000 and dismemberment benefits ranging from $1,250 for loss of thumb and index finger of either hand, on the minimum policy, and up to $10,000 for loss of both hands, or both feet, or one hand and one foot, or entire sight of both eyes in the maximum policy available.

Third, the "Digest" emphasizes the importance of a reasonably long time limit between the date of accident and date of loss. The National policy allows ninety days.

The fourth point emphasized is the importance of a clear definition of what constitutes "total disability". Some restrictive policies define total disability as "inability to engage in *any* occupation or employment for wage or profit"; others, only slightly less restrictive, define total disability as "inability to engage in any gainful occupation". The least restrictive of all such clauses is that contained in the National Casualty policy which says you are totally disabled if you are "prevented from performing all duties of YOUR occupation or profession". Likewise, the National Casualty Company's provisions for partial disability are the most generous available, providing 50 per cent of the total disability benefits for a limit of six months "if such injuries partially disable you and prevent you from performing one or more important daily duties" * * *

A fifth important feature is the time limit set by the policy between the date of an accident and the commencement of disability. Many policies provide that the disability must start with the date of the accident, and some allow the disability to develop from ten to twenty days from the date of the accident, and a very few extend the time limit to 30 days. An accident, of course, might be a very minor thing in itself, like the prick of a finger, yet it might create complications causing serious disability at a later date. The "Digest" points out: "It is most favorable to the insured where there is *no* limit with respect to this provision." The National policy contains no such limits.

NON-HOUSE CONFINING CLAUSE IS IMPORTANT

A sixth point on which National registers a perfect score is in regard to total disability from sickness. Here the Providence "Digest" points out: "Non-house-confining health insurance is to be preferred because it provides the same benefits whether or not you are house-confined." The National policy specifically does not require house confinement for payment of full sickness disability benefits.

A seventh point is in regard to the waiting period for sickness benefits, the "Digest" points out that "many policies waive sickness benefits for periods varying from the first week or two up to the first three months. The waiting period reflects itself in a lower cost to you by reason of eliminating a great number of small claims which produce little economic loss." National has a waiting period of seven days for illness benefits and no waiting period for accident benefits.

PYOGENIC INFECTIONS COVERED

Another important feature is in regard to indemnities paid for infection. Your policy should provide, as does the National's, that pyogenic infection resulting from an injury should be considered as an accident.

A ninth point, the "Digest" recommends that the policy include coverage for air travel. The National's Physician Special Policy of the State and County Medical Societies includes the usual standard air travel coverage clause, but this policy has no territorial limitations whatsoever, whereas, most policies of this kind are limited to the continental United States and Canada.

Tenth, as to the renewability or cancellability of a policy, the "Digest" points out, of course, that a non-cancellable policy is vastly preferable. The National's policy for members of any county society will be made non-cancellable on a group plan basis when subscriptions are received from 50 per cent of its members (with a minimum of 50 lives in a group).

The "Digest" concludes that "it is recommended that you make sure that the company carrying your insurance is

properly licensed in the state, and thereby under the supervision of your State Insurance Department." The National Casualty Company is licensed in all states.

The "Digest" says nothing about an arbitration clause, perhaps, because they did not know that such a thing existed in an accident and health policy. Well, thanks to the efforts of our State Medical Society Committee on Medical Defense and Insurance, our policy has a unique Arbitration Clause which provides that in the event of a claim disagreement between doctor-policyholder and the company, it shall be submitted for settlement to the State Society Committee on Insurance, who are the SOLE ARBITERS. However, the company pays its claims so generously and promptly, that in the last ten years there have been but three or four cases of arbitration throughout the entire state, the last case being back in 1938.

Members of the State Society would do well to study their present policies in the light of the comments made by the Providence Committee on Insurance. Many policies sound very impressive until one reads their precise provisions.

The officers of any county society who have not yet put the State plan into effect for the benefit of its members, should communicate at once with Dr. Christopher C. Beling of 111 Clinton Avenue, Newark, Chairman of the Committee on Medical Defense and Insurance, for full details of this splendid program.

AMERICAN MEDICAL ASSOCIATION PUBLIC RELATIONS

Whatever the public relations policies of the American Medical Association may be, they are faulty in the opinion of a large percentage of the profession. They have led to confusion, dissatisfaction, dissension, and even what might be considered as the secession of certain groups.

Three services of public relations are now officially recognized. 1, American Medical Association Headquarters Offices; 2, The National Physicians Committee, and 3, The Council on Medical Service and Public Relations. Dissatisfaction with the procedures and results being obtained through these services, and the quite general opinion that a central office of information should be established in Washington, have led to the formal organization of two minority, or dissension groups, each of which proposes to solve the problem in its own way.

The Western Public Health League was organized in January, 1944, sponsored by the State Societies of Washington, California, Idaho, Utah, Arizona and Colorado. It advocates the participation of all State Medical Societies to form a National Public Health League. A Washington office of this organization under lay management will open on March 15, 1944, for the purpose of promoting a general public relations program to supplement the efforts of the American Medical Association.

The Association of American Physicians, sponsored by Lake County Indiana Medical Society, has been organized to promote public relations in accordance with the excellent public relations policies of that Society, advocating voluntary health plans and solution of local problems by local medical organization on a local level. They are spreading their gospel by the national distribution of rather flamboyant publicity in newspaper form.

The organization of such minority groups is of value in emphasizing the seriousness of the situation and the necessity for a proper solution. The organization of such groups is not the correct solution. They will represent nothing

more than a minority and emphasize the dissension and lack of unity and common effort now existing within the ranks of organized medicine.

As a solution, if the American Medical Association cannot in its own name fulfill this need, it is suggested that all other agencies now promoting our public relations program at a national level be united into one officially recognized agency to operate on definite policies formulated or approved by a more emphatic House of Delegates of the American Medical Association.

PREVUE OF THE ANNUAL MEETING

Hotel Claridge, Atlantic City — April 25-27, 1944

Tuesday Afternoon, April 25, 1944

GENERAL SESSION, Conducted by Sigurd W. Johnsen, M.D., Chairman of the Medical Practice Committee, The Medical Society of New Jersey

Post-War Planning
Louis H. Bauer, M.D., Chairman of the Council on Medical Service and Public Relations, A. M. A., Hempstead, N. Y.

A Country Doctor in Washington
Walter H. Judd, M.D., House of Representatives from the State of Minnesota, Washington, D. C.

Post-War Medical Education
Robin C. Buerki, M.D., Dean of the Graduate School of Medicine, University of Pennsylvania, Philadelphia

Wednesday Evening, April 26, 1944

BANQUET, S. Emlen Stokes, M.D., Toastmaster
Place of the Physician in the Post-War World
James E. Paullin, President, American Medical Association, Atlanta, Ga.

Thursday Morning, April 27, 1944

GENERAL SESSION, Conducted by Ralph K. Hollinshed, M.D., President, The Medical Society of New Jersey

Can Voluntary Health Insurance Meet the Need?
Mr. E. A. van Steenwyk, Executive Director, Associated Hospital Service of Philadelphia

The Marines Have Landed
Don S. Knowlton, Capt., M.C., U.S.N.R., Camp LeJeune, New River, N. C.

Note: The Scientific Program was printed in the February *Journal*, pages 37 and 38.

SOCIAL HYGIENE DAY

Every physician who is interested in the preventive aspects of medical practice has a stake in National Social Hygiene Day which was observed last month. This is an annual observance promoted by the American Social Hygiene Association.

The large objective of the American Social Hygiene Association is to promote better family life; but realizing the effect of the venereal diseases upon the character of family life the organization has taken an active part in the venereal disease control program. Social hygiene educational programs frequently deal largely with problems of venereal disease control, and it has become something of a custom on Social Hygiene Day to take stock of progress in controlling the venereal diseases and to make plans for the future.

As recently as two years ago notable progress was being made in reducing the prevalence of these diseases. In 1941 venereal disease attack rates in the United States were diminishing. Under the influence of an intensive control program the syphilis attack rate had fallen to such an extent that only one person in fifteen would be expected to become infected sometime during life, whereas in 1936 this ratio had been one person in ten. Gonorrhea attack rates had fallen even more dramatically as a result of the introduction of sulfa drugs in its treatment.

Now after two years of war we find the situation reversed and venereal disease rates rising everywhere. England was first to report this trend. Similar reports from the Public Health Service followed. Latest is a report from New York City revealing an increase of 38.5 per cent in reported cases of primary and secondary syphilis in the first ten months of 1943 as compared to the first ten months of 1941. The most serious revelation of this report, however, was an increase of 132 per cent in reported cases of early infectious syphilis in the age group 15-19 years. In the State of New Jersey reported cases of syphilis in the age group 10-19 years have increased by 31 per cent.

True, these reports are not based on reliable sampling surveys such as were conducted in peacetime when public health manpower was more plentiful. They are based on case reports, and it is well known that reporting of venereal diseases is incomplete. Statistics based on case reports are subject to influences such as improved case-finding, more complete reporting, etc. However, the fact that total syphilis case reports decreased in number at the same time that reports of early infectious cases were increasing lends support to the conclusion that the syphilis attack rate is actually rising, particularly in the younger age groups.

Much has been said recently about the effect of wartime conditions upon family life and upon morality. The increase of venereal diseases is undoubtedly a by-product of the sexual promiscuity which has in recent months become so apparent. "Commercial" prostitution probably is not so prevalent as formerly, but one wonders whether this is due so much to law enforcement as to the competition of so-called charity girls. Certainly the ranks of the latter have multiplied and they have become a major social problem.

Such social and disease phenomena as these are of serious consequence to the effectiveness of our war effort. They sap the strength and morale of a nation at war, and they deserve the concerted attention of all who are in a position to help to stem the tide. Listed below are some of the ways in which physicians can contribute towards this end:

1. Maintain a "high index of suspicion" towards the venereal diseases. Regardless of a physician's specialty he

should be alert for chancres, syphilids, and urethral and cervical discharges.

2. Blood test all patients routinely.

3. Utilize gonococcus cultures. This service is available by mail through the New Jersey State Health Department. Include a culture as a routine part of every gynecologic or obstetric examination. In making a diagnosis of gonorrhea give clinical and epidemiologic evidence equal weight with laboratory evidence.

4. See that every venereal disease patient receives treatment. If referred to another physician or to a clinic *follow through* to see that the patient actually reports for treatment.

5. With infectious cases utilize the new rapid methods of treatment whenever possible. By this means delinquency is avoided and permanent non-infectiousness is attained quickly.

6. Obey the law with respect to reporting of cases and of delinquent patients.

7. Insist on learning "from whom and to whom"—i. e., from whom the patient acquired his infection and to whom he may have transmitted it. If a physician prefers not to do this himself or if he hasn't the time, he should arrange for his patient to be interviewed by a public health nurse of the local or State Health Department. This interview will be more successful if the physician will explain its purpose to the patient and encourage his coöperation.

8. In examining venereal disease contacts (suspected persons) don't be satisfied with a single negative test. Remember that the maximum incubation period of syphilis is three months and of gonorrhea two weeks. Remember also that in gonorrhea at least three cultures and smears are required to rule out the disease. *Consider every gonorrhea patient as a possible syphilis contact, and vice versa.*

9. Seize every opportunity to teach your patients, whether venereal or not, and the public at large how to avoid the venereal diseases and how to recognize the "danger signals" which should cause them to seek medical attention. Distribute literature on the subject.

10. Coöperate with health, law enforcement, welfare, and educational agencies in bringing about the repression of prostitution and the prevention of sex delinquency.

NEW JERSEY FORMULARY

FOURTH EDITION

A copy of the N. J. F., 4th edition, was sent to each member of the State Society in the early fall of 1941. Additional copies were printed at that time to cover subsequent requests. Do you have your copy on file? If not, another may be obtained by writing to the Executive Offices of the Society, 222 West State Street, Trenton 8, New Jersey, where a limited supply is in stock. Write for your copy *now*.

Chester I. Ulmer, M.D., Chairman

Committee on Pharmaceutical Problems.

ORIGINAL ARTICLES

SOCIAL SECURITY

By William J. Ellis, LL.D., Phil.D., Trenton, N. J.
Commissioner, New Jersey State Department Institutions and Agencies

The concept of what constitutes social security may change from generation to generation in terms of procedures and organization, but in its essentials it remains an attempt to provide what Beveridge describes as "an attack upon want". He hastens to add that "Want is only one of five giants on the road of reconstruction and in some ways the easiest to attack. The others are Disease, Ignorance, Squalor, and Idleness". He goes further and points out that "social security must be achieved by coöperation between the State and the individual. The State should offer security for service and contribution." Further, he says, "The State in organizing security should not stifle incentive, opportunity, responsibility; in establishing a national minimum it should leave room and encouragement for voluntary action by each individual to provide more than that minimum for himself and his family."

America and New Jersey have passed through a great many stages in the development of the present social security plan and there is no doubt whatever that further developments will come as may seem necessary to maintain a general sense of security from want and distress among the people of the State and nation. At the present time we have reached a state wherein our plan of social security is very largely a social insurance plan patterned in considerable measure upon the experience of insurance companies in that the benefit to be received is measured in terms of the amount paid the United States Treasury on behalf of the individual. The Treasury reserve thus established is somewhat similar to the actuarial reserve by which the private insurance company guarantees its ability to meet the risks that it assumes.

PRESENT SOCIAL SECURITY PLAN

The social security plan effective now in New Jersey is well known. For the sake of refreshing the details, however, it may be summarized somewhat as follows:

1. Social insurance, including unemployment compensation, administered by the State Unemployment Compensation Commission; and old age and survivors' benefits, administered by the Federal Social Security Board.

2. Institutional care for specified chronic conditions including tuberculosis, mental disease, epilepsy, feeble-mindedness, and delinquency—all administered on the State level by the Department of Institutions and Agencies and on the county and municipal levels by local officials, the local officials subject to certain inspection and standards—functions resting in the Department of Institutions and Agencies.

3. Permanent or long-term public assistance. The so-called categories are administered by the Department of Institutions and Agencies in coöperation with the Federal Social Security Board and the counties operating for the most part through Welfare Boards. These forms of public assistance provide for the needs of dependent children, needy persons over sixty-five, and the needy blind. Two of the county welfare boards also provide, with county and State funds, for unemployable needy persons falling outside the other categories under provisions for permanent outdoor relief.

4. General relief, administered in many municipalities by local assistance boards at joint expense of municipality and State, and in others by overseers of the poor from municipal funds. When a person is in need of immediate assistance, or fails to qualify for help through another channel, general relief is provided theoretically on a temporary basis until eligibility under another plan can be determined or the condition of need ceases.

5. Until recently we also had the Federal Works Program.

Much progress can be reported concerning the establishment and operation of coöperative

arrangements between the several public agencies engaged in the administration of various public welfare functions; and also in the interrelationships and coöperative functioning of the private agencies rendering services in specialized fields. Nevertheless, we may look forward to additional strides towards a coördinated service to individuals and families.

PLANNING BOARD PROPOSALS

In its recent report to Congress the National Resources Planning Board has made recommendations which may be summarized somewhat as follows:

1. Expansion of unemployment compensation and Old Age and Survivors' benefits to include virtually all employed groups and to increase the rates of compensation and the duration of employed benefits. The Board recommends federal administration of both plans;
2. Creation of a permanent Federal Works Program responsible for providing work for all who need it and are not entitled currently to unemployment benefits;
3. Educational grants to all young people desirous of and capable of extended schooling and in need of such assistance;
4. Reorganization of special types of public assistance to develop more complete coördination and to extend eligibility to all groups whose need is likely to be of long duration or permanent; and
5. Creation of a comprehensive general public assistance program with federal participation, abolishing residence requirements, insuring adequate standards of care and administration, together with equal availability to all in need.

WAGNER AMENDMENTS

Senator Robert H. Wagner has introduced a bill, S-1161, designed to carry out the recommendations of the National Resources Planning Board. He goes beyond the Board's program and in it he has added certain provisions not specifically mentioned by the Planning Board. These include:

1. Extension of unemployment insurance benefits to cover loss of work during short term illness before and after childbirth;
2. Extension of old age and survivors' insurance benefits to cover permanent disablement;
3. Compulsory health insurance covering medical and hospital care;
4. Variable grants to the States for public assistance, ranging from 50 per cent to wealthier States, such as Nevada, New Jersey, Connecticut, Delaware, Washington, and New York, to 75 per cent to Mississippi and other States where per capita income is relatively low; and
5. Coverage of veterans from the present war for unemployment compensation of $12 to $30 a week for 26 weeks.

PROPOSALS CONTROVERSIAL

Of course a great deal of such a program as that of the National Resources Planning Board, or that of Senator Wagner is highly controversial. As in much that is hastily formulated in bills, emphasis is given to objectives and ideals and too little attention to the very practical problems of management, operation and control. Here is where much controversy may well center as the people of this country come to realize that in large measure the test of the true value of a social security proposal is what price must be paid in regimentation and surrender of control to federal bureaus in addition to the heavy burden of taxes with remote management and with policy makers too far from home to assure citizen interest or effective control.

There will be need to examine carefully any such sweeping changes as the Wagner Bill and the Resources Planning Board report contemplate. The years have witnessed many and substantial gains on behalf of our dependent neighbors. But effective and lasting social welfare improvements do not usually take place by means of omnibus legislation. Rather, the gains which count, come one by one after profound study of the facts and careful consideration of the consequences, with ample opportunity for all parties interested to contribute information and their points of view.

EXPERIMENTATION NECESSARY

It may be that in the years ahead many of the ideas promoted by the National Resources

Planning Board will become accepted parts of our public welfare laws and practices. If they are to be conceived wisely and executed soundly, however, there is a great deal of experimentation to be done as a means of developing effective administrative procedures and competently selected and trained staffs.

As an example, the question of adopting compulsory health insurance finds a substantial proportion of the organized medical profession in opposition. Possibly some of this opposition is a natural human fear of change. On the other hand, we are only in initial stages in this country in the process of learning how to manage health insurance plans. We have not developed satisfactory standards by which to measure organization, procedures, standards of service, personnel, or many hundreds of intangibles which doctors recognize as significant to the successful treatment of their patients. In the face of only these few of the many facts which could be arrayed in opposition, adoption of compulsory health insurance legislation seems to require full and complete study not only at the federal level but in the States and local communities where the people affected live. It is especially desirable that the management or administration aspect of such a program be worked out on the basis of a minimum of overhead and remote control. There is no value in setting group against group, profession against laymen in establishing this program. The States should be encouraged to experiment as to areas and procedures which meet the essential health protection for their citizens. It is doubtful, indeed, if the Federal Government, as such, can undertake to administer a program of direct contact with the individual citizen.

HEALTH INSURANCE EXPERIMENT

At the same time we have within the jurisdiction of the public welfare administrations an opportunity to learn how to manage health insurance, to learn how to relate the doctor, the patient, the hospital and the allied services each to the other and to the community as a whole, and finally to learn whether the doctors, the dentists, the nurses, the pharmacists can work through organization to the satisfaction of the public and of themselves.

Provision of medical and necessary allied services to recipients of public assistance could be much improved through application of the insurance principle. We now have in New Jersey in the Medical Service Administration an agency created by act of the legislature at the initiative of The Medical Society of New Jersey through which it should be possible to work out appropriate means of testing health insurance on a low-cost basis for the clients of welfare departments. This has recently been undertaken in Newark.

Under the terms of the proposed amendments to the public assistance titles of the Social Security Act federal matching outside of the present limitations would be available up to $2.50 per quarter per active recipient for direct payment for medical and allied services as the federal 50 per cent contribution towards this service. Under such a provision of law it would appear possible for a welfare administrator to contract with the Medical Service Administration for it to provide all necessary services to clients, or in any event with the several professional groups for the required services at an agreed per capita cost, which probably ought to be less in the aggregate than the $5.00 per capita per quarter envisioned in the Wagner Bill.

That such a plan of operation is feasible seems to have been proven in Windsor and Essex County, Ontario, where a plan somewhat similar to that suggested here has been in operation since 1935.

In Canada proposals for the establishment of governmental health and hospital insurance have been developed coöperatively by representatives of organized medicine, industry, labor, civic groups and government.

The New York Times, in an editorial commenting on the Canadian plan said, "Canada has set an example. It has shown that it is possible to evolve a health plan in an orderly, democratic fashion with the aid of industry, the medical profession, and the public."

We may well study Canada's experiment. It may show that the Federal to State grant-in-aid system provides the nation-wide actuarial

security which advocates of Federal social insurance rely on, while it permits the local variation in operating details through which a nation-wide system can be adapted to local conditions.

The forerunner to this proposal, as I have said, was that of providing medical services to relief clients under the Ontario plan which utilized the capitation fee for determining the costs to the Relief Administration, and then the Service Organization of the Medical Society paid the physicians and the druggists.

In the absence of any immediate prospect of Federal legislation on this subject, it might be worth while for welfare departments to begin to canvass the problem with the professional groups affected and to put into early operation such portions of a rounded program of medical services to our clients as may be practical.

In other words, instead of just arguing about health insurance, its value, its problems, its merits and demerits, what I am again proposing is that the public agencies—Municipal, County, State and Federal—work out in cooperation with the medical profession and allied groups an "insurance" method of assuring health and hospital services to those people already a responsibility of government. By actual experience in meeting on a group insurance basis the needs of these people we may develop patterns of operation and management which will serve well in considering such further enlargement of the program as the States with the help of the Federal Government may undertake.

One thing is sure. Experimentation and demonstration must continue. The nature of the progress that we may be able to make will be influenced greatly by the statesmanship and leadership exhibited by those entrusted with the management of health and welfare in both the public and private field.

Coöperation with the medical profession, the hospital administrators and those entrusted with the legislative and administrative functions of government, is the best assurance of further development in this country of machinery by which all elements of the population can have the protection of pre-payment of hospital and health services on a basis consistent with the American tradition of individual responsibility for social collaboration.

The voluntary health and hospital service plans have been generally effective in a limited area in meeting the needs of the people for health and hospital insurance. They may easily prove to be the chief bulwark in conserving our voluntary system of hospitals and the private practice of medicine.

Properly organized governmental social insurance programs meeting minimum needs for indigent or marginal income groups, supplemented by voluntary plans aiding in meeting needs above the minimum cost level, may therefore prove to be an acceptable next step.

We cannot ignore the widespread support for some practicable program to help solve the medical economics problem. We must study the plans approved and supported by the medical profession in various areas.

Facing, as we do, the necessity to prepare now for the readjustments that will follow the war, we are indeed fulfilling a high duty in carrying forward demonstrations and experimentations which will lead the way to supplying the American people a maximum protection against the costs of sickness and to the more effective conservation of health.

CANCER AND NUTRITION

Hugh McDonald, M.D., presents an able summary of cancer in its relation to nutrition in a recent issue of the Illinois Medical Journal.

The article is especially interesting from an historical viewpoint, since the author shows the comparative freedom from cancer of the Eskimo, American Indian and African Negro. *The incidence of cancer in primitive races increases as these people adopt the habits and customs of more civilized races.*

The author also points out that the incidence of cancer is much higher among city dwellers than among farm families. Here again the more refinement in living habits, the higher the incidence of cancer.

INDICATIONS FOR CONSERVATISM IN THE SURGICAL TREATMENT OF RECTAL CANCER *

By George T. Pack, M.D., New York, and James S. Gallo, M.D., Paterson

An historical study of surgical procedures for the treatment of rectal cancer reveals remarkable ingenuity in the design and scope of multiple and optional methods for this purpose. The classical and radical abdominoperineal resection of Miles has proved to be the most satisfactory procedure to date, because it was planned so as to remove not only the primary cancer but a liberal segment of the bowel which contained it and the regional lymph nodes in continuity. The principle of this operation is now as well established as the Halsted-Meyer technique of radical mastectomy and its permanent value is attested to by a consequent rate of curability that cannot be approached by other and more conservative methods.

The philosophy of radical cancer surgery is quite the opposite from conservative surgery for inflammatory diseases, because the prime consideration of the latter is a minimal destruction or excision of the involved tissue or organ with preservation or restitution of both function and structure, whereas with the former principle, the surgeon ruthlessly removes as much as possible and in this sacrifice of organ or tissue gives little consideration for any end-result other than the local cure of the cancer. Any surgeon who offers a scheme or method for treating cancer which is less destructive or mutilating than the established methods of cure should do so with certain apologies and warnings and the reader should accept such suggestions or advice with a proper degree of caution.

A live individual with a colostomy is better than a dead patient with an intact rectal sphincter. A colostomy, however necessary it may be, admittedly remains both a physiological and social handicap. The adoption of a technique of rectal resection for cancer which preserves the rectal sphincter must be rigidly selective and in the particular patient should offer practically as good an opportunity for local cure as the more radical procedure. If the patient subsequently dies of distant metastases, this is an act of God and can be attributed to the natural history of the disease; but if a local recurrence develops, then the surgeon may justly criticize himself for faulty judgment in selecting the conservative operation.

If a rectal cancer is small, situated well above (three inches or more) the sphincter, superficial in its relationship to the rectal wall, of low-grade malignancy and apparently without metastasis to regional nodes as determined during the initial abdominal phase of the operation, the procedure may be terminated at the discretion of the surgeon, by preserving the rectal sphincter without a permanent colostomy. As this decision can only be made during the course of the operation, the patient should not be promised preoperatively that a permanent or even a temporary colostomy can be avoided.

The anus and anal canal are anatomically, functionally and embryologically distinct from the rectum proper and the primary anal tumors are of stratified epithelial rather than of glandular structure. There is no rational reason for removing the anus therefore, unless there exists a danger of its involvement by the suprajacent rectal cancer. If the cancer is situated low in the rectal ampulla, one cannot remove it with an adequate inferior margin unless the sphincter and anus are sacrificed. Lymph-borne metastases to regional nodes seldom occur until the rectal wall is well invaded and then the route is usually proximal or upwards, although this is not an invariable rule. Retrograde extension downward in the direction of the rectal sphincter is not of common occurrence and is said to result from a reverse of lymph flow or retropulsion due to blockage of lymph nodes by cancer higher up in the lymphatic pathways. These more or less self-evident points are repeated here to indicate that if the criteria set forth in the preceding paragraph are

* From the Josephine Lendrim Tumor Clinic of the Paterson General Hospital, Paterson, New Jersey.

adhered to, certain patients may have their rectal cancers removed safely with preservation or restoration of normal bowel habits.

The only conservative modification of the operation we have made even in the selected cases has been the preservation of the sphincter and of course the anal canal, otherwise the procedure is as completely radical as the formal Miles abdomino-perineal resection. The Kraske operation conceived sixty years ago was the first effort made in this direction and should be abandoned today because of its incompleteness. Removal of the coccyx and terminal sacral vertebrae afforded sufficient posterior exposure to enable Kraske and his followers to do a segmental resection with end-to-end anastomosis; this primary anastomosis was later discarded and only the anterior half of the rectum was sutured with secondary closure of the posterior opening after the healing process was well under way. The three operative procedures we have employed under varying conditions all require an initial laparotomy and a somewhat similar abdominal phase of the resections. They may be listed as follows:

A. Superior segmental resection of the rectosigmoid through a laparotomy incision, with end-to-end anastomosis and with or without a temporary colostomy.
B. Abdomino-perineal rectal resection with conservation of the sphincter by the method of Küttner-Babcock, in which the perineal phase is a loop resection after the technique of Mikulicz, leaving a post-anal double-barrelled colostomy, which is subsequently closed in the usual manner.
C. Abdomino-vaginal rectal resection or "pull-through" operation after the techniques of Hochenegg, Mandl and Burch, in which the lower segment of the cancerous bowel is mobilized through a combined colpotomy and episiotomy incision after which it is extracted or pulled through the dilated and detached sphincter together with the anal stump.

A. SUPERIOR SEGMENTAL OR ANTERIOR RESECTION OF THE RECTOSIGMOID WITH ANASTOMOSIS

Dixon is perhaps the most enthusiastic champion of this operation. It has found a good application in the case of elderly patients with small early cancers situated at or just above the peritoneal reflection, uncomplicated by infection, obstruction or obvious lymphatic metastases. The tumor is situated too low to permit mobilization of a lower loop for any exteriorization procedure and it is too high to necessitate a useless sacrifice of the rectum under the conditions herein mentioned. In the presence of infection of severe degree or obstruction sufficient to prevent preoperative decompression and cleansing of the bowel or dilatation of the colon above the cancer to such a size as to handicap an immediate termino-terminal anastomosis, a preliminary colostomy is indicated. The sigmoid is too closely adjacent to use for this purpose; a cecostomy has the disadvantage of incompletely shunting off the fecal current; the transverse colon is ideal for a temporary colostomy for several reasons: (a) its site is distant from the proposed incision for the second stage, (b) it permits sufficient relief of the obstruction and (c) it enables the distal half of the colon to be thoroughly cleansed by two-way irrigations.

In six of the seven instances in which we have employed this operation, it has been completed in one operative seance without a colostomy. The administration of a high protein, low residue diet, careful irrigations of the distal bowel and the administration of sulfasuxidine by mouth for at least five days preoperatively have been helpful adjuvant measures.

A midline suprapubic incision is made. The peritoneal leaflets on each side of the sigmoid are dissected laterally and downward, meeting anteriorly over the reflexion at the rectosigmoid junction. The sigmoid mesocolon is severed between clamps, saving the essential sigmoid vessels and ligating the superior hemorrhoidal vessels as low as can be considered safe. The rectum is then bluntly mobilized anteriorly and posteriorly, but not laterally to any depth, because the distal stump after the resection is dependent for its blood supply on the middle and inferior hemorrhoidal vessels. The cancer-bearing segment is now removed by cautery after the distal and proximal dou-

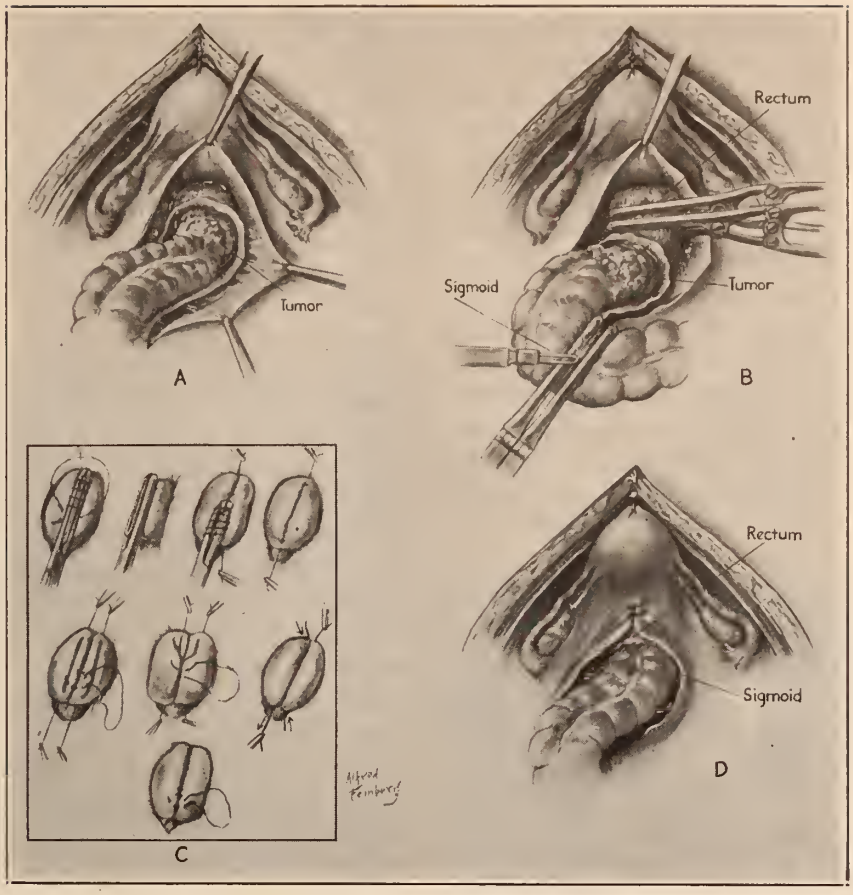


FIGURE 1

Superior segmental or anterior resection of the rectosigmoid with anastomosis.

ble application of Payr or intestinal right-angled crushing clamps. An end-to-end anastomosis is now effected by an aseptic technique, in which we prefer the basting stitch principle. By the use of heavy, well-lubricated Parker-Kerr inverting basting stitches applied over each Payr clamp, the lumens may be temporarily closed, the Payr clamps removed out of the operator's way and the bowel ends anastomosed by a double layer of sutures, the outer one of silk. After completion of the anastomosis, the basting stitches are easily extracted and the agglutinated margins are broken up by inverting the bowel between thumb and finger. An assistant then carefully introduces a No. 20 to 24 "whistle type" rectal tube through the anus and sutures it temporarily in place after the operator has guided it intraäbdominally well above the level of the anastomosis into the superior segment. It is permitted to remain in situ as a decompressing medium for five to eight days. The pelvic peritoneal leaflets are now sutured well above the anastomosis so as to reconstruct the pelvic floor and so as to render the anastomosis extra-peritoneal. Five grams of sulfanilamide powder are placed below the peritoneal shelf and a sub-peritoneal drain is inserted from the line of the anastomosis into the iodinized vagina through a colpotomy incision or retro-rectally in the male down the hollow of the sacrum and out through a perineal stab wound. Mineral oil is given immediately nocte maneque and a liquid diet is permitted on the second postoperative day.

B. ABDOMINO-PERINEAL LOOP RESECTION OF THE RECTUM WITH MIKULICZ PERINEAL COLOSTOMY AND CONSERVATION OF THE RECTAL SPHINCTER

Küttner in 1910 and later Babcock in this country have applied modifications of the Mikulicz principle of loop resection to carcinomas of the rectum, the loop being exteriorized through a post-anal perineal incision. Babcock's procedure is much more sound and radical as it is preceded by the usual abdominal dissection to free the sigmoid and rectum with subjacent mesocolon and lymph-node-bearing tissues, the whole being pushed down into the pelvis proper. A tape is tied around the colon proximal to the cancer at about the level which will present without tension through the perineal wound. This tape is also

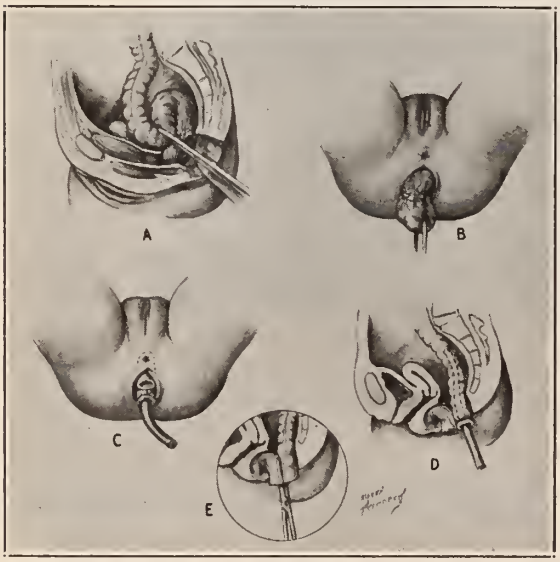


FIGURE 2

Abdomino-perineal loop resection of the rectum with Mikulicz perineal colostomy and conservation of the rectal sphincter.

tucked into the hollow of the sacrum to facilitate the later withdrawal of the loop from below. Although Babcock did not advocate the repair of the peritoneal floor, we have done so by suturing the peritoneal flaps high on the sigmoid. No preliminary colostomy is necessary.

The remainder of the operation is completed through a Kraske incision made posterior to the anus with conservation of the sphincter and sacrifice of the coccyx and occasionally of the two terminal sacral vertebrae to allow sufficient exposure. The tape is then encountered and withdrawn together with the mobilized and cancer-bearing loop of rectum and pelvic colon. A three-bladed crushing clamp (Rankin) is applied proximally across both ends of the loop and the cancer-bearing segment of bowel is removed by cautery. The perineal wound is sutured not too snugly around this double-barrelled colostomy. A catheter is inserted through a purse-string stab wound in the superior limb closely adjacent to the clamp; this effectively decompresses the bowel until the clamp drops off on or about the fifth to seventh postoperative day. Crushing clamps are soon applied to the intervening spur in the usual manner for restoring double-barrelled colostomies. After the infection has subsided and the induration of the tissues has disappeared, the skin and muscle are closed. A small annoying sinus or two may stubbornly resist closure.

In one of our two patients on whom this technique was employed, a severe pelvic thrombophlebitis developed; convalesence was delayed, but the patient is now well and alive four years later and enjoying bowel movement by rectum.

C. ABDOMINO-VAGINAL RECTAL RESECTION OR "PULL-THROUGH" OPERATION WITH CONSERVATION OF THE SPHINCTER

Various deviations in the technique of this procedure have been described by Burch, Mandl, and Hochenegg, but we have not been content to perform the resection solely from below as they advocate. The principle of the "pull-through" operation can be carried out in males and has been done many times by Babcock in particular, but it is more easily executed in women who have borne children.

The usual suprapubic midline incision is made. The peritoneal leaflets on each side of the sigmoid are dissected laterally and downward, meeting anteriorly over the reflexion at the rectosigmoid junction. The sigmoid mesocolon is severed between clamps, sparing the important sigmoidal vessels and ligating the

superior hemorrhoidal vessels as low as can be considered safe. The rectum is then bluntly dissected free posteriorly from the hollow of the sacrum and anteriorly from the vagina. The lateral rectal stalks are cut and the middle hemorrhoidal vessels clamped, severed and ligated, so that as much as possible of the rectal resection is performed through the abdominal approach. The mobilized rectum and terminal colon are now packed tightly into the pelvis and the peritoneum is sutured high on

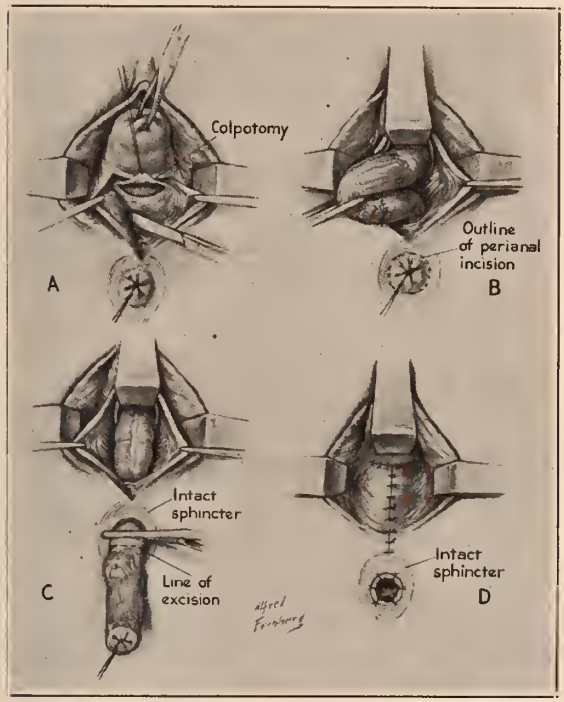


FIGURE 3

Abdomino-vaginal rectal resection or "pull through" operation with conservation of the sphincter.

the sigmoid to reconstruct the pelvic floor. The abdominal wound is closed without a colostomy.

The patient is immediately placed in the lithotomy position, the rectum is lightly packed with gauze, the anus is closed by a purse-string suture, the bladder is catheterized, the vagina is iodinized and the gloves changed. The cervix is grasped with a tenaculum and a T-shaped incision is made and deepened in the posterior vaginal wall. The anterior rectal space is entered and the freed rectum encountered. Additional space for the completion of the dissection may be secured by continuing the vaginal incision downward as an episiotomy, taking care not to injure the sphincter muscle. Through this exposure the lowermost part of the rectum may be dissected free. The peri-anal skin is incised and the wound deepened until the circular muscles of the sphincter are reached; they are bluntly freed from the rectal wall and in so doing the sphincter is stretched and dilated. The anus, anal canal, rectum and pelvic colon are withdrawn through the sphincter so that the cancer is well without the grasp of this muscle. A crushing clamp is applied and the cancer-bearing segment removed. The skin is loosely sutured around the protruding colon and the clamp is left in place until it drops off five to seven days later. The colon must not be pulled down too tautly else it may subsequently retract beyond the margins of the skin and muscle. The new rectum should have a good color, indicating a sufficient blood supply to ensure viability. A catheter is inserted into the lumen of the bowel proximal to the clamp for temporary decompression. The vaginal and perineal wounds are closed by a primary colpo-perineoplasty after dusting five grams of sulfanilamide powder in the space surrounding the new rectum.

The amount of colon protruding from below should always be redundant as the excess can later be amputated by cautery. The only stricture occurring in our series of eight patients was due to too ambitious secondary cauterization of redundant colon protruding from the sphincter. One cannot expect to secure the same nicety of mucocutaneous union that occurs in the normal anorectal region.

END-RESULTS

We have performed seventeen of these conservative rectal operations by one or another of the three techniques herein described during the past four years. There have been no operative deaths. Only one serious complication occurred, a pelvic thrombophlebitis from which the patient recovered. One stricture subsequently developed at the anal margin and this

has responded well to dilatation by graduated bougies. There have been no local recurrences, but two of the patients died with hepatic metastases; one of these individuals had a small primary melanoma of the rectal ampulla. The remaining fifteen patients are living and well for periods varying from six weeks to four years.

BIBLIOGRAPHY

1. Babcock, W. W.: Operative treatment of carcinoma of the rectosigmoid with methods for the elimination of colostomy. Surg., Gynec. and Obst., 55: 627-632, 1932.

2. Babcock, W. W.: Symptoms and operative treatment of carcinoma of the lower bowel with a method for the elimination of colostomy. Southern Surg., 1: 265-274, 1933.

3. Babcock, W. W.: The Babcock one-stage operation for carcinoma of the rectosigmoid with elimination of colostomy. In: Pack, G. T., and Livingston, E. M. Treatment of Cancer and Allied Diseases. Hoeber, New York, 1940, Vol. II, Chapter LXXXVII, pp. 1513-1525.

4. Babcock, W. W., and Bacon, H. E.: Operative treatment of cancer of the large bowel without colostomy. Arch. Surg., 46: 253-264, 1943.

5. Burch, L. E.: An easy operation for the removal of cancer of the rectum in the female. Surg., Gynec. and Obst., 54: 794-797, 1932.

6. Burch, L. E.: The removal of cancer of the rectum in the female. In: Pack, G. T., and Livingston, E. M. Treatment of Cancer and Allied Diseases. Hoeber, New York, 1940. Vol. II, Chapter LXXXIX, pp. 1545-1547.

7. Carter, R. F.; Slattery, L. R., and Hahn, R. C.: Adaptation of the Mikulicz operation for the right colon and rectosigmoid. Ann. Surg., 111: 80-92, 1940.

8. Dixon, C. F.: Resection without permanent colostomy for carcinoma of the rectosigmoid and lower portion of the pelvic colon. In: Pack, G. T., and Livingston, E. M. Treatment of Cancer and Allied Diseases. Hoeber, New York, 1940, Vol. II, Chapter LXXX, pp. 1414-1421.

9. Hochenegg, J.: Die sacrale Methode der Exstirpation von Mastdarmkrebsen nach Prof. Kraske. Wien klin. Wchnschr. 1: 254–257; 272–274; 290–292; 309–311; 324–326 and 348–352, 1888.

10. Kraske, P.: Zur Exstirpation hochsitzender Mastdarmkrebse. Verhandl. d. deutsche Gesellsch. f. Chir. 14: part 2: 464-474, 1885.

11. Küttner, H:. Die sacrale Verlagerungsmethode beim hochsitzenden Rectumkarzinom. Deutsche med. Wchnschr. 36: 606-610, 1910.

12. Küttner, H.: Soll man bei der Operation des Rectumkarzinome in jedem Falle den Spinkter opfern? Zentralbl. f. Chir. 51: 1119-1120, 1924.

13. Mandl. F.: Weitere Erfahrungen zur Radikaloperation des Rektumkarzinoms. Zentralbl. f. Chir. 61: 2946-2959, 1934.

14. Miles, W. E.: A method of performing abdominoperineal excision for carcinoma of the rectum and of the perineal portion of the pelvic colon. Lancet 2: 1812-1814, 1908.

15. Wilensky, A. O.: Retention of the sphincter in the radical operation for carcinoma of the rectum and rectosigmoid. New York State J. Med. 42: 1150-1154, 1942.

MANAGEMENT OF THE VENEREAL DISEASES IN THE ARMY

From recent Army experience in the management of venereal disease, several conclusions may be drawn. First, while the treatment of syphilis has been greatly improved, no method of therapy yet developed is entirely satisfactory. The problem is of sufficient importance to justify speedy exploration of all new leads.

Secondly, biologic false positive serologic tests occur often enough after vaccination procedures and following acute febrile illnesses to constitute a serious diagnostic problem. Under such circumstances follow-up observations are necessary in order to avoid treating individuals for syphilis in the absence of infection.

Thirdly, the treatment of gonorrhea has become largely one of internal medication. Urethral instillations, prostatic massage and the passage of sounds are contraindicated in the early phase of the disease for they frequently induce complications.

Fourthly, penicillin promises materially to change the management of gonorrhea. When supplies of this drug become readily available, sulfonamide resistant gonorrhea should no longer be a problem, and the necessity for long continued treatment or for the use of fever therapy in these cases will have been eliminated.

Finally, certain administrative practices and social attitudes, valid perhaps in an earlier day, are now hampering the full application of the remarkable scientific advances made in the treatment of these diseases. Medical treatment is now so effective that diseased persons can promptly be rendered noninfectious and returned to duty as functioning members of the group. Any measures, therefore, which tend to keep the infected person away from medical care are directly opposed to the best interests of the individual, the organization to which he belongs and the community. Stoppage of pay, prejudicial treatment from employers or superiors, restrictions on advancement, can only serve as powerful factors tempting the individual to conceal his infection and delay treatment until its effectiveness is reduced. The sooner discriminatory practices are abolished and syphilis and gonorrhea regarded as other infectious diseases, the sooner will it be possible to realize the full benefits of recent scientific progress.—Turner and Sternberg, J. A. M. A., Vol. 124, No. 3, p. 133.

STATE ACTIVITIES

MEETING OF THE BOARD OF TRUSTEES

A regular meeting of the Board of Trustees was held at 11:00 a. m., Sunday, February 6th, 1944, in the Executive Offices, Trenton. Those present were: Dr. Lee, Chairman, who presided; Drs. McBride, Hollinshed, Fithian, Coleman, Crowe, Young, Hornberger, North, Alexander, Londrigan, Costello, Norton and Scammell. Also present upon invitation were Drs. Quigley, Barkhorn, Beling and Scott. Drs. Hawkes and Green were excused.

The minutes of the October 10th, 1943, meeting were approved as distributed.

ANNUAL MEETING

Dr. Hollinshed reported on the plans and program for the Annual Meeting, including the Scientific and General Sessions and the Exhibits.

MEETING WITH DR. BAUER

A summary of the thoughts expressed at the meeting of the Fellows, Chairmen of the Welfare, four subcommittees, Trustees, the President and President-Elect with the Chairman of the Council on Medical Service and Public Relations of the A. M. A., Dr. Louis Bauer, was read by Dr. Hollinshed:

The A. M. A., through the Council on Medical Service and Public Relations, should promote and foster the formation of an active program in each State Society to combat the encroachment of Government in Medicine.

Any National Health Program should include Preventive Medicine. The A. M. A. should lead the way in setting up the principles and policies upon which such a program should be founded. The A. P. H. A. and A. H. A. would be of great help in this, and by coöperative effort a method of procedure might be worked out which would form the groundwork for such a program.

The New Jersey Society disapproves the method of making allotments for obstetrical and pediatric care for the wives and children of servicemen. Such allotments should conform to the principle governing other allotments to servicemen. The effort to change the method of making the allotments was poorly handled, and if concerted action by some responsible group had been used, the results probably would have been different. Perhaps an approach to the problem could be made through the American Legion.

The encroachment of bureaucratic government agencies into the realm of private practice must be stopped. To this end and for this purpose the Council on Medical Service and Public Relations was created in order that it might point the way for the A. M. A., and that body assume its rightful position of leadership.

The efforts of the National Physicians Committee should be limited entirely to public education, and should not engage in legislative activities. Such activities should proceed from organized medicine, i. e., the A. M. A. through its Council on Medical Service and Public Relations.

ESSEX COLLEGE OF MEDICINE AND SURGERY

At the request of Judge Reuben Reiffin, counsel for the Essex College of Medicine and Surgery, at the October meeting of the Trustees, a special committee consisting of the Officers and Chairman of the Trustees met with Judge Reiffin in Trenton on November 7th, 1943. Judge Reiffin, at this meeting, presented the appeal of the Essex College for the support of The Medical Society of New Jersey in the establishment of a medical school in the State.

The Committee stated that The Medical Society of New Jersey would never approve of a medical school in New Jersey, unless it is under the supervision of an established and recognized education system. The ground work necessary for the formation of a medical school and the selection of Trustees and Faculty, together with the physical properties, should be in the hands of experienced educators, to the end that the school conform to the rules and regulations of the Council on Hospitals and Medical Education of the A. M. A.

The Committee suggested that the President and Chairman of the Board of Trustees and Judge Reiffin meet with the Dean of Rutgers University and get his reaction.

Before the meeting was arranged, Judge Reiffin went to Rutgers himself. Contingent upon the establishment of such a school is the securing of key positions for the financial backers of the group and an administrative position for life for Dr. Koch. This could not be accepted by Rutgers.

Dean Miller of Rutgers University arranged a meeting after Judge Reiffin's visit with the Chairman of our Trustees.

The Committee agreed to let the matter drop and let the Essex College make the next move.

The Trustees unanimously disapproved the appeal made by Judge Reiffin for approval and support of The Medical Society of New Jer-

sey in the establishment of the Essex College of Medicine and Surgery.

NEW JERSEY NURSING COUNCIL REQUEST FOR DONATION

President Hollinshed read a letter from the New Jersey Nursing Council for War Service, Inc., requesting a contribution from the Medical Society to assist them in carrying out their responsibility of coördinating on a state and local level all existing facilities to function effectively in meeting the needs for nursing service.

The Board concurred in the reply of President Hollinshed which stated the Society would not set a precedent by contributing funds, although the group could solicit individual doctors if they desired.

ASSOCIATED HOSPITAL SERVICE OF NEW YORK

The Trustees left the request of the Associated Hospital Service of New York, for the recommendation of two physicians from New Jersey to serve as directors of that corporation, in the hands of the President with power to act. (President Hollinshed recommended Dr. Edward W. Sprague of Newark and Dr. Samuel A. Cosgrove of Jersey City.)

NATIONAL CONFERENCE ON MEDICAL SERVICE

The Trustees appointed the First Vice-President, Dr. Samuel Alexander, as a representative of the Board of Trustees, to attend the meeting of the National Conference on Medical Service in Chicago, February 13th, followed by the meetings of the Council on Medical Education and Hospitals and the Council on Industrial Health on the 14th, 15th, and 16th; all expenses of the trip to be paid by the Society.

Since Dr. Scott would be in Chicago on February 12th, the Trustees authorized him to remain until the 16th and attend the various meetings; his expenses for these additional four days in Chicago to be paid by the Society.

HOSPITAL COUNCIL, INC.

At the request of Hospital Council, Inc., for recommendations to the Council, the Trustees unanimously recommended the reappointment of Dr. Edward W. Sprague (Trustee) and Drs. Henry C. Barkhorn and Royal A. Schaaf as members-at-large.

PROCUREMENT AND ASSIGNMENT SERVICE FOR NURSES

President Hollinshed informed the Trustees, who gave their approval, that Dr. A. Charles Zehnder of Newark has been appointed as a Medical Society representative on the Publicity Committee of the Procurement and Assignment Service for Nurses.

PARKE-DAVIS & CO.—N. J. FORMULARY

Relative to the claim of N. J. Formulary infringement of the patent of Parke-Davis & Co. on formula for isotonic ephedrine solution, the Board, after investigation of the matter through Mr. Wall, counsel, requested the Pharmaceutical Problems Committee to delete the formula in question from the N. J. Formulary, if this has not already been done. Mr. Wall informed the Board that the elimination of the formula from the N. J. Formulary would be considered a complete disposition of the matter by Parke-Davis & Company.

STATE BOARD OF HEALTH

The matter of recommendations to the Governor for the State Board of Health, for a term beginning July 1, 1944, was referred to the President, President-Elect and Chairman of the Board for review; recommendations to be made at the next meeting of the Board.

INTERNE TEACHING PROGRAM

Dr. Londrigan reported on a conference with representatives of the Deans of Medical Schools, the Medical Society and the Hospital Association to evolve some program to encourage graduates to take interne training in N. J. hospitals. Since these hospitals provide little or no interne teaching, there is difficulty in obtaining internes and medical graduates are not attracted to New Jersey and few of the hospitals are recommended for interne training.

Little was accomplished at the conference. It was realized that a detailed program could not be set up for adoption by every hospital, but it is hoped to outline certain basic principles and policies governing interne training. A committee was appointed, consisting of Drs. William T. Read, Jr., of Camden, Arturo R. Casilli of Elizabeth and Richard R. Dieffenbach of Newark, to formulate a plan for approval of this Board and reference to the State Board of Medical Examiners as a guide in approving interne training.

MEDICAL-SURGICAL PLAN

The Board approved the proposed amendments to the enabling act governing Medical Service Corporations:

1. To make the Act applicable to medical service corporations with or without capital stock and subject them to supervision of the Commissioner of Banking and Insurance and control of courts having jurisdiction.

2. To make available to subscribers and covered dependents under subscription certificates of non-profit medical service corporations services of any fully licensed physician, to end of the subscribers' contract year, and permitting payment to physicians of amounts additional to amounts payable under subscription certificate, under specified circumstances.

The Board approved the changes in the contract on subscribers' ceiling which would be made if the amendments to the Act are enacted:

1. Single subscriber having net annual income, after income taxes in excess of $1800.
2. Family subscriber having net annual income, after income taxes, in excess of $2500.

The Special Committee of the Board, appointed to study the Plan and follow up on the amendments to the Act and changes in the contract in order to obtain the coöperation of all County Societies, was ordered continued by the Board.

CORONER LAWS

A letter proposing that the Society draw up legislation, to be sponsored by The Medical Society of New Jersey, to unify the several county procedures and requirements relative to coroners, was referred to the Subcommittee on Legislation with the request that a study of the Coroner Laws be made and a report presented to the Board to determine whether changes should be made in the Coroner Laws.

MEDICAL SOCIETY INSURANCE

Dr. Christopher C. Beling, Chairman, Committee on Medical Defense and Insurance, called attention to the action of the 1943 House of Delegates in approving the National Casualty Company's offer of a non-cancellable disability insurance policy for our members—the policies to become non-cancellable as soon as 50 per cent of any subsidiary group of the State Society is enrolled. He requested the Board and President to direct the attention of the County Societies to this offer so that the State Society insurance program will not be weakened by individual County Societies adopting other plans.

The Board requested the President to communicate with each County Society, stating the need for coöperating with the State Committee and the reasons therefor.

COMMITTEE ON SOCIAL SECURITY

Dr. Londrigan, Chairman, reported that his Committee had prepared and had printed placards and pamphlets relative to the Wagner Bill for distribution to all physicians in the State. Each County Society has been requested to set up a speakers' bureau.

FINANCE AND BUDGET COMMITTEE

The Board approved an increase in salary of Mrs. Armstrong, Editorial Secretary, and Miss Burroughs in the Executive Offices upon the recommendation of the Acting Executive Officer and Chairman of the Publication Committee. This has the approval of the Chairman of the Finance and Budget Committee.

REVISION OF STATE CONSTITUTION

Dr. Quigley reported on the activities in connection with the revision of the State Constitution. The items of greatest concern to the medical profession in the proposed revision of the Constitution are dedicated funds, the Department of Health and where the Board of Medical Examiners will be placed. According to the proposed revision, there will be no dedicated funds — all monies from whatever source collected will be placed in the General State Fund.

A hearing on the paragraph dealing with the General Fund was held on February 3rd and attended by representatives from physicians, nurses, dentists and pharmacists. The presiding officer at the hearing suggested an amendment to prevent dedicated funds being utilized except for the purposes for which they were intended. This is to be submitted to his committee by February 9th. After conference with Mr. Wall, counsel, a tentative amendment was drawn up whereby the professions alone would be exempt from placing their monies in the general fund. Assurance has been given by members of the Commission, appointed by the Governor to study the reorganization of the departments, that opportunity would be given to those interested to present their thoughts to the commission.

These activities in connection with the Revision of the Constitution were carried on with the approval and authorization of the President.

Dr. Norton questioned the desirability of opposing the removal of dedicated funds, inasmuch as the Board of Medical Examiners, by its own admission, cannot operate on its present income. By favoring dedicated funds we are committing ourselves to financially support the Board by annual registration or some other means, and the Society has voted against annual registration.

Dr. Quigley reported that the Legislative Committee feels that this matter of revision is entirely too important and involves too many

policies to be a responsibility of that Committee alone and is desirous that the Board become actively interested.

The Board approved the actions of the President in authorizing the Legislative Committee to carry on this work as reported, and took action that the President, President-Elect and Chairman of the Board be consulted by the Legislative Committee in the matter of revision, and that the President, President-Elect and Chairman of the Board have power to act in all matters pertaining thereto.

AMENDMENTS TO THE MEDICAL PRACTICE ACT

Dr. Quigley presented the following amendments to the Medical Practice Act, approved by the Welfare Committee on January 16th, for the approval of the Board:

1. To make the plea of "nolo contendere" ground for revocation or suspension of license to practice medicine and surgery.
2. To make the payment of fine for any violation of the Medical Practice Act equivalent to a conviction of the violation for which such penalty was claimed.
3. To permit persons to take an examination for licensure to practice medicine upon the completion of nine months' interneship, during the present war emergency.
4. To eliminate the requirement that applicants for interneships in hospitals of this state shall secure, before commencing such interneship, a certificate from the Board of Medical Examiners.
5. To permit chiropodists to perform certain acts while operating in each particular case under the specific direction of a regularly licensed physician. In such instances they would merely be acting as technicians.

The first four amendments were adopted unanimously by the Board; the fifth amendment adopted with one dissenting vote.

WASHINGTON BUREAU OF INFORMATION

The Board took no action on the recommendation of the Welfare Committee that New Jersey join with the six Western States in the operation of a Washington Bureau of Information.

CORPORATE PRACTICE OF MEDICINE

The request of the Subcommittee on Medical Practice for a legal ruling on the corporate practice of medicine under the New Jersey statutes was approved and reference of the matter to Mr. Wall, counsel, authorized.

AMENDMENT TO BY-LAWS

The following amendment to the By-Laws was approved and referred to the Reference Committee on Constitution and By-Laws:

Chapter I, Section 2 (a). "March fifteen in each year is the final date for closing the official list of members." To be changed to "March first * * *" (b) On the fifteenth day of March * * *" to be changed to "On the first day * * *"

ALDRICH C. CROWE, M.D.,
Secretary.

SCHEDULE OF FEES FOR EMIC CASES

Complete maternity care	$50
Extended postpartum care of complications of pregnancy, not to exceed	*24
Maximum payment in 1st week	$12
Maximum payment in 2nd week	6
Maximum payment in 3rd week	6
Medical care of intercurrent nonobstetrical conditions, not to exceed	*24
Maximum payment in 1st week	$12
Maximum payment in 2nd week	6
Maximum payment in 3rd week	6
Major nonobstetrical operations by consultants, not to exceed	50
Medical care of infant including minor surgery, not to exceed	*24
Maximum payment in 1st week	$12
Maximum payment in 2nd week	6
Maximum payment in 3rd week	6
Major surgery performed on infants by consultants, not to exceed	50
Consultation in home	10
Consultation in office or hospital	5
Consultations which include a major operation, not to exceed	50
Care of newborn infant in first two weeks by pediatrician, not to exceed	*12
Visits to home when number of visits is less than the maximum permitted	3
Visits to office or hospital when less than maximum permitted	2
Immunizations for smallpox, diphtheria, whooping cough	*6

*These fees have been submitted to the Children's Bureau for approval.

MID-WINTER CONFERENCE MEETINGS

CHICAGO, ILLINOIS — FEBRUARY 12-16, 1944

Excellent attendance and excellent programs again marked the mid-winter medical conferences held in Chicago during the week of February 13 as the most interesting and instructive sessions held during the year. The papers presented, the discussions and interchange of opinions reflected the thinking and trends which will determine many future activities of organized medicine.

The groups holding sessions were The National Council of Medical Service Plans, the National Conference on Medical Service, the Council on Medical Education and Hospitals, the Congress of Medical Education and Licensure and the Congress on Industrial Health.

The highlight of the week was the address of The Honorable Walter H. Judd, a member of the United States House of Representatives from Minnesota. Dr. Judd was a practicing physician of Minneapolis who was "drafted" to represent his district, a responsibility he accepted in the spirit of civic duty. Dr. Judd will be the guest speaker at the general session of the Annual Meeting of The Medical Society of New Jersey on April 25, 1944. It will be well worth while for any physician to make the trip to Atlantic City if only to hear Dr. Judd's message on the problem facing the profession and "The Doctor's Job" as seen by a physician-member of Congress.

The one-day session on voluntary medical service plans held on Saturday the 12th aroused interest far beyond that which any of us anticipated. All reports indicated that these plans are fast outgrowing their babyhood days, are proving actuarially sound, and are considered the most promising alternative to the federal control of medicine. Interest may be gauged by the attendance, at their luncheon, of about 75 physicians representing all parts of the country.

One theme which was interwoven through the entire week's program was that of national leadership and national public relations. Voices of criticism arising from California to New England gave promise of lively discussions and definite action at the next meeting of the House of Delegates. The various viewpoints were presented particularly by representatives of The Western Public Health League, The Association of American Physicians and Surgeons, The National Physicians Committee, the Council on Medical Service and Public Relations and the Headquarters Offices of the American Medical Association. The viewpoint of each group was sincere and constructive, indicating to the observer the possibility of a reconciliation of the various opinions which should finally lead to common state policies and constructive national unity.

It would be impossible here to brief all the papers and discussions presented during the four-day session. The more important papers will be published or briefed in current literature. Of particular interest were papers involving post-war planning.

Dr. Samuel Soskin of Michael Reese Hospital outlined their contemplated program for post-war post-graduate training to meet the needs of specified groups of physicians upon return to civil life. For instance, the officer who had been a nine-month intern and spent his military service on field duty should return for training as an Assistant Resident, while the nine-month intern whose military service was rendered in a hospital should return for training as a Resident. The mature general practitioner who spent his military service in an administrative capacity will want post-graduate clinical courses or training in one of the specialties, while the returning specialist will want individual tutoring in his specialty. To fulfill these needs will require careful planning and effort on a national basis.

Dr. Wilburt C. Davidson of Duke University predicted that the problems and worries of returning medical officers would be, 1, receiving proper post-graduate training; 2, deciding on a location to practice; 3, overcrowding of the profession due to the accelerated program; 4, the problem of socialized medicine, and 5, whether he should enter general practice or a specialty. He outlined a program for a solution of these problems calling for an expansion of hospital training programs, a study of the medical population to determine local need for physicians and the avoidance of mal-distribution which he felt was more important than the dangers of overcrowding. By 1945 we will have 46 per cent more medical students than in 1941. The need will be for more general practitioners, as 85 per cent of medical care can be furnished by general practitioners, yet 65 per cent of graduates go into the specialties to furnish the 15 per cent of medical care which must be provided by specialists. Hospitals must provide for additional post-graduate training. The American Medical Association will gather data on possible locations and on areas of mal-distribution.

In speaking on medical care distribution Dr. Samuel Proger of Boston discussed three fac-

tors he thought necessary to solve this problem: 1, High standards of medical education and medical care; 2, proper distribution of physicians, and 3, the purchasability of medical services. He called attention to the fact that purchasability through voluntary plans might be governed by legislation, but distribution and standards must be maintained voluntarily by the profession. He outlined a program in operation in Massachusetts under which a system of extension services is operating between a base hospital in Boston and a group of affiliated community hospitals. Under this arrangement advice on professional problems is furnished physicians of smaller hospitals allowing the retention of many patients in community hospitals under care of general practitioners, decreasing the necessity for transfer of many patients to large urban medical centers. This program plus improvement in purchasing power he believes will largely solve the problem.

"State Plans for Rehabilitation" was discussed by Mr. Michael Shortley, Director of Vocational Rehabilitation, Federal Security Agency. He discussed the rehabilitation law of 1943 providing for rehabilitation of persons other than war veterans, allowing for grants in aid to States on a 50-50 basis. He called attention to the three million persons who each year require rehabilitation as the result of injury and estimated that of the 800,000 severely injured about 100,000 might be sufficiently rehabilitated to allow for their employment and self-support. On a state level the program will be administered by a designated state agency with the assistance of a medical advisory board of physicians. (This phase of rehabilitation in New Jersey we assume will be included in the plans being developed by the "Littell Commission" appointed by the Governor in 1943.)

Surgeon General Parran, U. S. P. H. S., stressed the necessity for expansion of the following factors relating to public health: 1, Community Health Facilities in the form of improved water supplies and sewage disposal plants. 2, Increase in hospital facilities and health centers. 3, Improved public housing facilities. 4, Venereal disease control. 5, Tuberculosis case finding programs. 6, Improved malarial control and proper training of physicians and technicians in this field. 7, Expansion of industrial hygiene programs.

The above report of these mid-winter meetings is of necessity very sketchy. Our general impression is that the problems facing the profession are very much more clearly defined than at this time last year and that we are closer to the point of developing constructive programs to meet our problems.

CANCER CONTROL

Because of the war and the almost superhuman efforts required to bring it to a successful conclusion it is all the more necessary to keep home conditions of health and morale in the highest possible state of perfection. Among these home functions nothing is more important than the fight against the ravages of cancer. April is the month set aside to give special attention to this disease, its diagnosis, prevention and cure. Each year something is added to our knowledge of its nature and research specialists have every confidence that eventually and perhaps in the not too distant future the mystery of its cause will be solved. Meanwhile much use can be made of our present knowledge. Our greatest obstacle now is the failure of early recognition and it is well known that if recognized early, even when definitely cancer, it can in most cases be completely cured. All observers agree that in spite of the widespread publicity given this disease that months elapse between the time the first suspicious symptom is noticed and advice is sought. Too many physicians are nonchalant about a lump in the breast or a small amount of blood making its appearance at the wrong time and place. Fear of cancer is also a great detriment to its early discovery. People are actually afraid to have a suspicion put to the proof. This fact alone costs many lives annually.

This is where The Women's Field Army of The American Society for the Control of Cancer can and does fit into the picture. These women, anxious for some public service, working entirely without remuneration, help to spread truthful information about cancer through the agency of concisely written pamphlets to many people who would not seek this information for themselves. The radio, motion pictures and personal contacts are used in conveying this information. The physician above all others should help these women in putting over their program.

NUTRITION IN EVERYDAY PRACTICE

S. WILLIAM KALB, M.D., Newark, N. J.

Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

HOW TO COMPUTE A NORMAL DIET

It is essential for every physician to have a knowledge of foods and how to apply them quantitatively in a diet for the maintenance and restoration of health. Diets are a useful adjunct in the treatment of diseases and because of its importance in therapeutics, it becomes necessary for us to acquire a better understanding of the elements contained in foods and the application of these foods to the patient and to the disease.

A diet should be based on three rudiments: foods which are simple to prepare, inexpensive, and appealing to the taste.

To plan a diet, food must be calculated on the following bases: the height, weight, and occupation of the individual. There are a number of important classes of food-stuffs necessary to satisfy the body needs. These are: protein for tissue building and repairing, carbohydrate and fat for energy, vitamins for growth and to maintain health, minerals to regulate the body processes, and salts and water as essential factors to maintain activity of all parts of the body.

To estimate a diet, you must have the following facts:

ENERGY REQUIREMENTS IN CALORIES PER KILO. PER 24 HOURS

Sleeping (basal)	24	calories
Sitting at rest	34	calories
Sedentary occupations (work while sitting)	35–40	calories
Moderately active occupations (work while standing)	40–45	calories
Occupations where considerable muscular activity is involved	45–60	calories

EXPLANATION: The weight of the patient is expressed in kilograms (1 lb. = 2.2 kilo.).

Weight X Energy Requirement as per occupation is equal to the total number of calories needed in the diet per 24 hours.

A man weighing 155 lbs. or 70 kilo. (1 lb. = 2.2 kilo.) who is moderately active requires 40-45 calories per kilo. per day.

Wgt.		*Cal. per day*	*Total number of calories required in diet*
70	X	40	= 2800 (minimum calories per day)
			to
70	X	45	= 3150 (maximum calories per day)

DIET FACTORS

10-15% of the diet should be in proteins
50-60% of the diet should be in carbohydrates
30-40% of the diet should be in fats

TO DETERMINE HOW FOOD-STUFFS ARE APPORTIONED IN THE DIET

EXAMPLE: Using the minimum total of calories per day of 2800, compute as follows:

10% of 2800 = 280 calories of proteins
50% of 2800 = 1400 calories of carbohydrates
30% of 2800 = 840 calories of fats

2520 calories per day of essential food factors
280 calories per day of other essential food factors

2800

Q.E.D.

2800 Total calories per day
—2520 Total calories per day of essential food factors

280 Calories are made up from minerals and vitamins

JOINT COMMITTEE ON PROFESSIONAL RELATIONS

At a meeting of the Joint Committee on Professional Relations of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association, held on January 30, 1944, Dr. Reeve L. Ballinger, 659 Kearny Avenue, Arlington, N. J., was elected Chairman for the ensuing year. An article by Dr. Ballinger appears on page 98 of this issue.

SYNTHETIC COAL TAR FORMULA APPROVED FOR NEW JERSEY FORMULARY

By Reeve L. Ballinger, M.D.
Chairman, Joint Committee on Professional Relations

In recognition of the increasing demands for several proprietary ointments utilizing synthetic coal tar of unknown composition, and the consequent exploitation of the public through the exhorbitantly high prices charged for them, the Joint Committee on Professional Relations after careful investigation and study approved and adopted the following formula for inclusion in the New Jersey Formulary:

PICIS ALBI SYNTHETICI, N. J. F.
Synthetic Stainless Coal Tar

Anthracene	1.10
Naphthalene	10.90
Phenanthrene	4.00
Carbazole	2.30
Picolene	
Pyridine	
Quinoline aa	.58
Phenol	.70
Cresol	.75
Petrolatum q.s.	100.00

The foregoing formula represents a standardized full-strength coal tar, minus its objectionable features. It is not intended to be prescribed as it appears above, but to replace full-strength coal tar where a less irritating, clean and uniform preparation is desired.

The efficacy of crude coal tar as a topical application is attested by the favorable clinical experience of dermatologists throughout the world. The most valuable contribution to coal tar therapy resulted from White's investigation of its use in infantile eczema. His work, however, as well as the investigations of other dermatologists, was hampered by the variability of the product and its repulsive uncleanliness.

A significant contribution to the study of coal tar appeared in the Archives of Dermatology and Syphiology for June, 1939. This report indicates that pooled samples of coal tar were subjected to complete chemical analyses, the resultant components being divided into one of the following three groups: active therapeutic ingredients; inert material; and active irritants of little therapeutic value. Of these, only the active therapeutic ingredients were utilized and the inert and irritating substances replaced by petrolatum, resulting in the formula given above.

ADVANTAGES OF SYNTHETIC COAL TAR, N. J. F.

Native coal tar is limited in its use not only by reason of its uncleanliness, but because of the numerous incompatibilities encountered with common ointment bases. Natural coal tar preparations are at their best very messy to use. The effective use of any medication depends largely upon the coöperation of the patient in using it faithfully. With native coal tar preparations, even if the initial response to the medication is good, the patient's coöperation is given grudgingly.

Also, native coal tar preparations are subject to fluctuations in therapeutic value because the coal tar is itself of variable composition, a disadvantage which is obviated by the use of synthetic coal tar. Synthetic coal tar makes a clean ointment of uniform potency and is pharmaceutically compatible with most ointment bases. It is non-proprietary and inexpensive. It may be prescribed with all of the official and many non-official ointment bases, the strength, ranging from 1 per cent to 10 per cent, altered to meet individual requirements. National Formulary Coal Tar ointment contains 5 per cent of coal tar in Paste of Zinc Oxide. Using this as a model, many variations suggest themselves, a few of which are given herewith.

Coal Tar Ointment, N. F. Modified

℞	Picis Albi Synthetici, N. J. F.	5.0
	Pasta Zinci Oxidi q.s.	100.0

White's Old Formula, Modified

℞	Picis Albi Synthetici, N. J. F.	5.0
	Zinci Oxidi	5.0
	Amylum	45.0
	Petrolatum q.s.	100.0

WHITE'S NEW FORMULA, MODIFIED

℞	Picis Albi Synthetici, N. J. F.	5.0
	Adeps Lanae	5.0
	Zinci Oxidi	5.0
	Petrolatum	100.0

GUY'S COAL TAR OINTMENT, MODIFIED

℞	Liquoris Alumini Acetatis	10.0 cc
	Picis Albi Synthetici, N. J. F.	5.0
	Adeps Lanae	20.0
	Unguentum Zinci Oxidi q.s.	100.0

INDICATIONS FOR SYNTHETIC COAL TAR, N. J. F.

1. Moist and semi-moist infantile eczema.
2. Semi-moist, subacute and chronic adult dermatitis.
3. Moist, semi-moist and mascerated forms of dermatomycosis, to relieve dermatitis before parasiticidal applications.
4. Psoriasis in conjunction with ultraviolet therapy.
5. Dishydrosis and neurodermatitis of the hands and feet.

PRE-MARITAL BLOOD TEST LAWS

STATE DEPARTMENT OF HEALTH, TRENTON, NEW JERSEY



30 states		Require examination by physician of both bride and groom, including blood test for syphilis
3 states		Require examination by physician of groom only, for freedom from venereal diseases
3 states		Prohibit marriage of persons with venereal diseases; some require personal affidavit of freedom from venereal diseases, no examination specified
12 states		Grant marriage licenses without regard to venereal disease infection

Map furnished by the American Social Hygiene Association

In these war times many New Jersey residents are interested in obtaining marriage licenses in other States and ask physicians for information about blood test laws. The blood test may be made in the New Jersey State Department of Health Laboratory at Trenton, which has a supply of the forms required by other States and will make the report on the proper form. The physician should indicate that the person expects to be married in another State and name the State on the slip which is sent to the laboratory with the specimen of blood. The specimen should be sent to the *State Laboratory* as many States accept only a State Laboratory report.

If the marriage is to occur in New Jersey and the prospective bridegroom has only a short furlough, the girl can make the preliminary application, which must be filed at least three days before the hour for the ceremony. The application must be completed by the man at least 24 hours before the ceremony.

A man in service need not be blood-tested in this State if he will bring with him a report of an Army, Navy, Marine Corps or Coast Guard Laboratory test performed not more than thirty days before the issuance of the license, or bring a New Jersey "Certificate Form" filled in. Many of the laboratories at military camps have a supply of the New Jersey "Certificate Forms". If not, the prospective bridegroom may write to the New Jersey State Department of Health for the form. The upper part of this form must be filled in by the laboratory, indicating that a blood test for syphilis has been made. The lower part of the form is a statement that the person is not infected with syphilis or is not in a communicable stage of the disease, and may be filled in by any licensed physician. The post physician may do this, or the man may bring his blood test report with him and have the form completed by a physician in this State when he arrives here, if that is more convenient. The law permits a licensed physician of any State to sign the Certificate Form.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Briggs, Henry, and Paul R. Milligan (East Orange)
Chip fusion of the low back following exploration of the spinal canal. J. Bone & Joint Surg. 26: 125-130, Jan. 1944

Chase, Aurin M., Ph.D.; Philip B. Lorenz, B.A.; Arthur K. Parpart, Ph.D., and John R. Gregg, B.S. (Princeton)
Method for simultaneous determination of methemoglobin-oxyhemoglobin ratio and per cent hemolysis in stored blood. J. Lab. & Clin. Med. 29: 99-105, Jan. 1944

Clement, Baxter L., Capt. (Newark) (in service)
March fractures. J. Bone & Joint Surg. 26: 148-150, Jan. 1944

DuBois, A. S.—see Valko, E. I.

Fine, M. James, and Sidney Katz (Newark)
Clinical primary tuberculosis of the pericardium. Dis. Chest 10: 60-65, Jan.-Feb. 1944

Foster, Jackson W. (Rahway)
Microbiological aspects of riboflavin. I. Introduction. II. Bacterial oxidation of riboflavin to lumichrome. J. Bact. 47: 27-41, Jan. 1944

Foster, Jackson W., and H. Boyd Woodruff (Rahway)
Microbiological aspects of penicillin. VI. Procedure for the cup assay for penicillin. J. Bact. 47: 43-58, Jan. 1944

Goldberg, H. C. (Plainfield)
Aloe vera plant. Arch. Derm. & Syph. 49: 46, Jan. 1944

Goldberg, Samuel A. (Newark)
Pathology of arthritis. Amer. J. Clin. Path. 14: 1-23, Jan. 1944

Goldstein, Hyman I. (Camden)
1. Ulcer and cancer of the stomach in the Middle Ages (with illustrations). J. Int. College of Surgeons VI: 5, 482-489, Oct. 1943
2. Some note on military medicine and surgery through the centuries (with illustrations). Rev. Gastroenterol. XI:1, Feb. 1944

Gregg, John R.—See Chase, A. M.

Guidotti, F. P., Maj. (New York)—with 1st Lieut. J. H. Winer (M. C.)
The rapid detection of sugar in urine, using a modified bismuth oxychloride spot test. Mil. Surgeon 94: 2, Feb. 1944

Hoffman, C. W. (South Amboy)
Better nutrition in plant personnel—to what extent can the industrial medical department contribute. Indus. Med. 13: 128-129, Feb. 1944

Jaffin, Abraham E. (Jersey City)
Broncho-pulmonary moniliasis: case report with pathological study. J. Mt. Sinai Hosp. 10: 586-600. Jan.-Feb. 1944

Joseph, Morris (Passaic)
Twenty-five years of spinal anesthesia (with a report of 1020 consecutive cases). J. Med. Soc. New Jersey, 41: 6-10, Jan. 1944

Kalb, S. William (Newark)
Nutrition in every day practice. J. Med. Soc. New Jersey 41: 24, Jan. 1944

Katz, Sidney—see Fine, M. James

Lewis, B. S.—see Probst, E. W.

Lorenz, Philip B.—see Chase, A. M.

Milligan, Paul R.—see Briggs, Henry

Orton, Henry B. (Newark)
Surgical approach for arytenoidectomy in bilateral abductor paralysis of the larynx. Laryngoscope 53: 709-716, Nov. 1943

Parkes, Morey (Caldwell)
1. Ultra-violet radiation in the treatment of dermatitis due to cutting oil. Indus. Med. 13: 50, Jan. 1944
2. Survey of the effects on menstruation of working in a war plant. Indus. Med. 13: 150-151, Feb. 1944

Parpart, A. K.—see Chase, A. M.

Probst, E. W., Maj. M. C., and L. D. Lewis, B.S., Chief Technician (Picatinny Arsenal, Dover)
An effective preventive medical program at an army-operated industrial plant. Indus. Med. 13: 43-45, Jan. 1944

Remington, J. W.—see Swingle, W. W.

Satulsky, Emanuel M., Capt. (Elizabeth) (M. C.)
Mapharsen, an unusual local reaction. J. Med. Soc. New Jersey 41: 22-23, Jan. 1944

Swingle, W. W., and J. W. Remington (Princeton)
Rôle of the adrenal cortex in physiological processes. Physiol. Rev. 24: 89-127, Jan. 1944

Usher, Glenn S., Chief—Venereal Dis. Control Bur. (Trenton)
Summary of the venereal disease problem in New Jersey. J. Nat'l Med. Assn. 36: 21-24, Jan. 1944

Valko, E. I., and A. S. DuBois (Jersey City)
Antibacterial actions of surface active cations. J. Bact. 47: 15-25, Jan. 1944

Varney, William H. (Washington)
Medical management of complaints of women in the explosives industry. Indus. Med. 13: 122-124, Feb. 1944

Woodruff, H. Boyd—see Foster, Jackson W.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February, 1943, issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. It is emphasized that to *obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
J. S. Hunt Laboratory, 805 Atlantic Ave.
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
West Jersey Homeopathic Hospital
Cape May Court House—County Court House
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—Health Department
East Orange General Hospital
Elizabeth—Alexian Bros. Hospital
Health Department
Englewood—Englewood Hospital
Franklin—Franklin Hospital
Hackensack—Health Department, 346 State St.
Irvington—Health Department
General Hospital
Jersey City—Hudson County Laboratory
Christ Hospital
Medical Center
St. Francis Hospital
Greenville Hospital
Physicians and Surgeons Clinical Laboratory, 591 Summit Ave.
Fairmount Hospital
Lakewood—Paul Kimball Hospital
Linden—Health Department, City Hall
Long Branch—Monmouth Memorial Hospital
Board of Health
Mays Landing—District Regional Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Mountainside Hospital
Morristown—All Souls' Hospital
Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Newark—St. Barnabas Hospital
St. James Hospital
St. Michael's Hospital
Presbyterian Hospital
American Legion Hospital
Beth Israel Hospital
Columbus Hospital
Newark Memorial Hospital
Community Hospital
Neptune—Fitkin Memorial Hospital
Neptune Township Board of Health
New Brunswick—Middlesex General Hospital
St. Peter's Hospital
New Monmouth—Middletown Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Bldg.
Ocean City—Friel Clinical Laboratory, 232 Asbury Ave.
Orange—Orange Memorial Hospital
Passaic—Passaic General Hospital
Beth Israel Hospital
St. Mary's Hospital
Physicians Laboratory Service, 199 Monroe St.
Perth Amboy—Perth Amboy General Hospital
Phillipsburg—Warren Hospital
Princeton—Princeton Hospital
Health Department
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Riverside—Zurbrugg Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Overlook Hospital
Trenton—St. Francis Hospital
City Board of Health
Mercer Hospital
McKinley Hospital
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
West New York—General Research Laboratory, 444 W. 60th St.
Westfield—Board of Health
M. E. Maurer, M.D. (Pvt. Lab.)
Woodbury—Underwood Hospital

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

OBITUARIES

DR. WILLIAM H. GUILLIUM

Dr. William H. Guillium of Asbury Park died on January 19, 1944, following a cerebral hemorrhage. Dr. Guillium was born in 1884, and was graduated from Hahnemann Medical College in 1920.

At the time of his death Dr. Guillium was roentgenologist at the Point Pleasant Hospital, a member of the American Board of Radiology, the New York Roentgen Society, the Radiological Society of New Jersey, the Monmouth County Medical Society, The Medical Society of New Jersey and the American Medical Association. He was also a past president of the National Society of Physical Therapists.

DR. EDWARD C. JONES

Dr. Edward C. Jones, a member of the medical staff of Mountainside Hospital for many years, died of a heart attack on February 16, 1944, at his home in Montclair.

Dr. Jones was born in Wappingers Falls, N. Y., in 1891. He was graduated from Tufts Medical College, Boston, in 1927, and served his interneship at Mountainside Hospital.

Dr. Jones was a member of the Associated Physicians of Montclair, Essex County Medical Society, The Medical Society of New Jersey and the American Medical Association.

MAJOR A. HERMAN KOPLIN

Major A. Herman Koplin of Trenton, a member of the Army Medical Corps since April 6, 1941, died on January 23, 1944, following a brief illness.

Major Koplin was born in 1912 and was graduated from Jefferson Medical College in 1937. He served his interneship at St. Francis Hospital in Trenton.

Major Koplin was a member of the Mercer County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. BENSON J. O'GRADY

Dr. Benson J. O'Grady, well-known physician and roentgenologist, died suddenly from a cerebral hemorrhage on February 11, 1944, in the office of Dr. Joseph F. Londrigan, Hoboken, with whom he was associated.

Dr. O'Grady was born in Northampton, Mass., in 1898. He received his medical degree at Yale University School of Medicine in 1924, and interned at St. Mary's Hospital, Hoboken.

Dr. O'Grady was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. FREDERIC B. ZANDT

Dr. Frederic B. Zandt of Hamilton Square died suddenly on December 10, 1943, following a brief illness.

Dr. Zandt was born in 1878 and was graduated from the Medico-Chirurgical College of Philadelphia in 1899. He was active in fraternal and civic affairs and was a member of the staff of McKinley Hospital in Trenton. He was a member of the Mercer County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Franklin H. Church	63	Jan. 24, 1944	Salem	Same	Diabetes mellitus.
Orville R. Hagen	64	Jan. 23, 1944	Preakness	Same	Coronary occlusion.
Joseph Edgar	63	Dec. 30, 1943	Jersey City	Same	Hemorrhage from axilla. Epithelioma from x-ray burns.
E. Reed Hirst	52	Jan. 27, 1944	Camden	Haddonfield	Coronary thrombosis.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

The general oral and pathology examinations (Part II) for all candidates will be conducted at Pittsburgh, Pa., by the entire Board from June 7 through June 13, 1944. The headquarters for the Board will be the Hotel William Penn. Candidates for reëxamination in Part II must make written application to Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pa., not later than April 15, 1944.

The Office of the Surgeon-General (U. S. Army) has issued instructions that men in service, eligible for Board examinations, be encouraged to apply and that they may request orders to Detached Duty for the purpose of taking these examinations whenever possible. Deferment without time penalty under a waiver of the Board's published regulations applying to civilian candidates, will be granted if a candidate in service finds it impossible to proceed with the examinations of the Board.

COUNTY SOCIETY REPORTS

ATLANTIC COUNTY

Daniel C. Reyner, M.D., Secretary and Reporter

A regular meeting of the *Atlantic County Medical Society* was held at the England General Hospital on February 11th, 1944, at 9:00 p.m. Dr. Charles Hyman, Vice-President, presided.

The minutes of the previous meeting were approved.

Dr. Scanlan, Chairman of the Public Relations Committee, reported on several matters.

1. It was recommended that members of the Society send letters to Senators Hawkes and Walsh and Congressman Wene in protest to the Wagner-Murray Bill and that these letters be staggered over a period of three months.

2. Arrangements were completed for physicians to act as a Speakers' Bureau for the purpose of publicizing the viciousness of the Wagner Bill. The members comprising this committee are Drs. Silvers, Hyman, Poland, Wilson, Frank and Holmes.

3. The matter of handling night and emergency calls was found satisfactory throughout the county and it was observed that the health of the county is not endangered because of lack of such service.

4. A motion was made by Dr. Scanlan, seconded by Dr. Johnson, that the Society employ the Press-Union Newspapers to run an advertisement relative to the Wagner-Murray Health Bill, as sponsored by the Physicians National Committee, and to be paid for by the Treasurer of the Society. This motion was lost by a vote of 14 to 10.

A letter was then read from the Woman's Auxiliary in which President Ruth Stamps offered their services to help defeat the Wagner Bill.

Dr. Grier read a resolution upon the death of Dr. W. J. Hudson and it was ordered that a copy of the resolution be sent to his widow and family and that another copy be spread upon the minutes of the Society.

The scientific program then followed. This consisted of a malaria conference and was presented by members of the Staff of the England General Hospital.

The geographical distribution was presented by Lt.-Col. Henry A. Christian. Malaria abounds in all the fighting areas of the world. It is prevalent throughout Europe as far north as Lake Ladoga and Southern Sweden and throughout the entire African Continent except the more southerly parts of the Union of South Africa. Indo-China, the Straits Settlements and the Federated Malay States have hyperendemic conditions. All the fighting zones in the Southwest and Central Pacific—Solomons, New Britain and New Guinea—are plagued by the disease. India, Southwestern China, Burma, Southern Russia, the Northern shores of Australia, South and Central America are all heavily infected. In the United States the Southeastern States report many infected areas, and with the return of the troops from combat duty, a marked increase in the number of malaria cases is expected.

The pathological aspect of malaria was then discussed by Capt. John Gannon. He reviewed the cycle of the plasmodium and discussed its four types—the Falciparum, Vivax, Malariae and Ovale. The pathology is manifested primarily by extensive pigmentation and anemia.

The clinical aspects and treatment were next discussed by Major Charles S. Morrow. The diagnosis of malaria is made with certainty only by the microscope. He discussed the various types and their characteristic features, of which the most common is their relapsing tendency. Vivax produces the greatest number of relapses but rarely causes death. Cerebral manifestations are frequently seen in the Falciparum type. The Malariae and Ovale types are rarely seen.

In the prodromal stage, malaria may simulate many conditions, the more important being influenza, heat stroke, pneumonia and upper respiratory infection.

A negative smear does not rule out malaria and patients returning from malarial countries with symptoms should be considered to have malaria.

The treatment consists chiefly of the administration of Atabrine and Quinine and blood transfusions for the associated anemia. Atabrine is superior to Quinine but frequently produces transient psychoses and is contraindicated in hepatic and renal disease.

Capt. Joseph Kolbe then presented several interesting cases from the wards of the hospital and mentioned that one of the cases has already had 15 relapses.

A sound film followed, depicting the cause and control of malaria with special reference to the fighting areas and the measures instituted by the Surgeon General in the eradication of the disease. Adequate instruction is given to the troops as to the proper use of mosquito netting. When practical, veils and gloves are worn and repellents are used as sprays and applied to the skin as lotions.

Prophylactic measures for troops by the use of Atabrine or Quinine have a questionable value although many believe that Atabrine does have some preventive value under certain conditions.

Dr. Oesterlin gave a demonstration of the precipitation test for malaria and stated that the theory of the test is not too clearly understood. The test is positive in cancer, septicemia and trypanosomiasis as well as in malaria. However, the test is of great value in cases where the parasites are not found and can be used as a test for cure.

There followed much discussion both by members of the Society and the Staff of the England General Hospital. A vote of thanks was given by the Society to the hospital for this most interesting and instructive symposium and for their coöperation and generosity in the use of the hospital for this meeting.

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Englewood Hospital, Englewood, on the evening of January 11, 1944.

Dr. Herta Fechner of Teaneck was elected to regular membership. Dr. J. S. Daly of Teaneck and Dr. J. P. Pizzi of Garfield, both now in the Armed Forces of the United States, were elected from Junior to Regular memberships.

The speaker of the evening was Arthur W. Grace, M.D., Professor of Dermatology and Syphilology at the Long Island Hospital Medical College and of the New York Hospital. Dr. Grace, who spoke on "The Modern Treatment of Syphilis", described the development of the five-day treatment from its inception in 1933 under Dr. Chargin up to its present form.

It was pointed out that 84 per cent of patients treated by the standard method allow treatment to lapse before the minimum amount of treatment is given. The new five-day method calls for 1200 mgm. of Mapharsen given in a slow intravenous drip, 240 mgm. being given daily. By this method 85 per cent of the patients are cured with one course, 95 per cent with two courses; 90 per cent of the patients receive full treatment. Patients are hospitalized during the infectious stage of the disease.

The mortality is 0.25 per cent and is usually caused by hemorrhagic encephalitis. The mortality with the standard rate is 1 in 20,000.

The speaker also described other effective methods of treatment of syphilis, namely fever and Mapharsen; Eagle's method and the 26-week method used by the army.

Numerous questions were asked by the audience and were cheerfully answered by the speaker.

BURLINGTON COUNTY

T. B. Dickson, M.D., Reporter

The February meeting of the *Burlington County Medical Society* was held on February 10th, 1944, in Riverton.

The scheduled guest speaker, Captain Earl Saxe, M.C., was unable to attend the meeting. The meeting was devoted to a discussion of interesting and odd cases by several of the members. The principal speakers were Drs. Howard Hornberger, Hammell Shipps, William Bray and Parry Scott.

It was suggested that a system be worked out by each community in the county so that physicians could rotate the making of emergency night calls. In the northern section of the State, this type of plan has been quite successful.

It is hoped that in the near future we will have as a speaker Dr. Norman Scott to discuss the Medical-Surgical Plan of New Jersey and the Wagner Bill.

The next meeting will be held at the Burlington County Hospital in March.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on February 1st, 1944, at the Masonic Club, Jersey City.

The Committee appointed by the President to consider the Practice of Medicine as embodied in the Wagner Bill reported.

Dr. Londrigan, the Chairman, explained the purpose of the meeting, stating that it was in response to and in coöperation with The Medical Society of New Jersey.

The Committee agreed that lay groups, labor organizations and other bodies such as the various service clubs and the Woman's Auxiliary be appraised of the contents of the Bill, and that a speakers' bureau be set up for this purpose. It was also agreed that the greatest need for education along these lines was among the medical men themselves.

Three specific recommendations were made by the Committee:

1. That a program of newspaper advertising and display be carried on in the county newspapers, the cost of this to be paid by voluntary contributions or per capita assessment, or both.
2. That a contribution be made by the County Society to the National Physicians Committee, which is doing such splendid work in publicizing the pernicious effects of the Wagner Bill.
3. That a regular monthly meeting of the Society be devoted to a discussion of this Bill.

Dr. G. W. Sinnott reported that the Hudson County Council for War Nursing Service had delegated him as their representative to present one of their projects having to do with the conservation of nursing personnel.

It is proposed that the following home nursing services be operated from one central bureau in order to avoid duplication: Margaret Hague Maternity Hospital, Hudson County Tuberculosis Hospital, Jersey City Hospital, Home Nursing Service.

In addition to the above organization, the following commercial insurance companies have indicated that their nursing departments will eventually join up with the central bureau, providing that the Hudson County Medical Society approves the formation of such a bureau: John Hancock Mutual Life Insurance Company, Metropolitan Life Insurance Company.

Before the commercial insurance companies may join the central bureau, it is necessary that the local Medical Society give approval to the formation of the bureau.

Further, it is to be pointed out that at this time the centralization of the home nursing services has to do only with Jersey City and not the entire County of Hudson.

The motion was carried.

Dr. B. Bernard Gurland of Bayonne was elected to membership.

Dr. Charles C. Chapple, Chief Medical Gas Officer of the Office of Civilian Defense, Washington, D. C., spoke on "Chemical Warfare". Discussors were Drs. Finger, McNenney, Cosgrove and Sinnott.

Dr. Chapple felt that the discussion of gas was particularly necessary not because of the possibility that gas attacks are imminent, but because there is always the possibility of accident, especially around industrial centers. Therefore, it is important that doctors know about gas.

The gases are divided into the following groups: the casualty producing gases, the harassing, the incendiaries and the smokes.

1. *Casualty Producing*—most important. These

are divided again into physiological effects. Even though gas falls primarily into one group or another, it is not especially of that group. Lung irritants, of which phosgene is the cardinal example, also gives some coughing, some upper respiratory effects that are immediate. It will not burn the skin. On the other hand, vesicants not only burn the skin but any other part of the body with which they come in contact.

Phosgene has an effect on the lung which is typical of all other irritants.

Chlorine has the same effect on the lung but is far more irritant, burns the eyes, trachea, larynx. In the lung itself the effect is the same.

Chlorpicrin does not have the same effect on the lung but it causes violent nausea and vomiting.

2. *Vesicants* are all persistent, usually used in bombs or sprays. They range from colorless to brown oils, and vaporize more or less slowly, depending on weather conditions.

Mustard—All these vesicants burn the skin, they blister. In the eyes they have more severe effects.

Lewisite—developed in this country almost simultaneously as in Germany but was not used in the last war. It is a great deal like mustard; also is an oil and vaporizes much more slowly than mustard. The effect is different from mustard. It causes immediate pain. Mustard has no pain at first, for about three hours.

Nitrogen mustards are not one but many of a new group. They act like mustard except that they act more slowly.

Mustard persistence depends on the conditions prevailing. On buildings, etc., it lasts a long time.

Mustard, lewisite and nitrogen mustards require decontamination. When the man gets the vapor or liquid, he is dangerous to himself from breathing the fumes on his clothes and on his body, and also to other people. It is recommended by the Army and Navy for the man to decontaminate himself. The only man who should reach the doctor is the unconscious man. Self aid, speed and water apply specifically to mustard, lewisite and nitrogen mustards. The affected area should be washed off immediately.

Lewisite pain is terrific immediately and there is no question about the advisability of speed.

3. *Systemic Poisons*—Arsine is a gas which is highly toxic. It usually produces uremia, if victims survive. It cannot be projected in shells, too highly explosive. Not a very practical gas.

Baracene Gas—Azadamite, which produces a very severe headache, a curious depression. Some men have to be guarded from self injury. It passes away within a few hours.

Tear Gases—There have been a few bad burns but they are superficial and there are no mortalities from them.

Screening Smokes — White phosphorus is used widely as a screening smoke. It is used not only to conceal but it has casualty producing effect. When it lands on the skin it completely disables a man from the pain of the burn. It is used also to get men out of fox holes, etc. The skin can be cooled off by keeping the burned part submerged in water. The ideal thing is to hold the part under water until the particle can be removed.

The entire talk was very illuminating and covered in a short time a very comprehensive subject.

MEETING OF WAGNER BILL COMMITTEE

A meeting of the Wagner Bill Committee of the *Hudson County Medical Society* was held at the Masonic Club, Jersey City, on February 16th, 1944. The meeting was called to order by the Chairman, DR. LONDRIGAN, at 4:30 p.m. Those present were: Drs. Alpert, Ballinger, Butler, Chapman, Gleeson, Londrigan, Rundlett, Shapiro, Waters and Williamson.

MR. F. W. GEERER of the Advertising Department of the Jersey Journal was present and gave a general idea of the cost of advertising in his paper and three other Hudson County newspapers. He showed a full-page advertisement submitted by the National Physicians Committee as a sample, the cost of which would be approximately $1,020.00 for one night in the four papers named. He suggested that a smaller space, deleting the illustration and some of the printed matter, might be equally, if not more, effective, since it would appear in several issues, rather than one, at the same approximate cost. It was moved and seconded that a committee of three be appointed to meet with Mr. Geerer to discuss in detail the matter of advertising.

Approached on the subject of obtaining favorable editorial support from the Jersey Journal, Mr. Geerer let it be known that he represented the Advertising Department only, suggesting, however, that the proper committee contact the Editorial Department. He then left the meeting.

Considering the sum of $500.00 which the Executive Committee had named as the maximum amount expendable by the Society during 1944 in connection with the Wagner Bill, it was deemed advisable to obtain the financial support of dentists, nurses, pharmacists, optometrists, etc., since all of these groups would be adversely affected by the passage of this Bill.

The Chairman, supported by members of the Committee, emphasized that it was of the greatest importance to arouse the interest of the *laity* in the provisions of the Wagner Bill as it would affect *them,* pointing out the inherent dangers that will remain hidden until the measure goes into effect. Dr. Londrigan gave an example of what could be accomplished along these lines by citing the case of the National Retail Dry Goods Association which at convention was so impressed by an analysis of the Wagner Bill by Claude A. Williams that it had copies of this analysis distributed to its seven thousand members!

In this connection it was moved and seconded that the Secretary write the Woman's Auxiliary and all service clubs throughout the county in an effort to enlist their active support — requesting that a special meeting be arranged to discuss the Wagner Bill and informing the organization that this Society will furnish all necessary data if the club itself will select one of its own members to address the group. Names and addresses of senators and congressmen will be furnished to those attending, as a meeting of this kind, to be a success, must result in a storm of protest in *writing!* (Sev-

eral of the members of this Committee promised to forward a list of the organizations in their respective communities to the office of the Secretary.)

The opinion was expressed that the clergy, members of the bar, morticians, etc., should also be urged to participate in this campaign, since they, too, will eventually be forced to submit to government control if this Bill is enacted into law.

It was moved and seconded that the Secretary write to every hospital in the county, requesting that an early meeting of its Staff be devoted exclusively to a practical discussion of the Wagner Bill and its implications. This committee of the County Society will be glad to furnish a speaker. They should be urged to notify the Secretary as promptly as possible as to their attitude in this matter, and if possible to name the date of this proposed meeting. In this connection, it was suggested that some of the hospitals may not as yet have familiarized themselves with the restrictions which the passage of this Bill would impose upon them, and may be under the impression that the hospitals would be affected little, if at all.

As previously decided, the April meeting of the Hudson County Medical Society will be devoted to a discussion of the Wagner Bill. Motion was made and seconded that Dr. Louis H. Bauer, Chairman of the Council on Medical Service and Public Relations of the American Medical Association, be invited to address that meeting. Motion was made and seconded that all physicians, members of allied professions and also lay groups be invited to attend. The Committee will be responsible for posting notices in the staff rooms of hospitals, and conspicuous notices will be placed in the four county newspapers.

In connection with meetings of professional and lay groups held for the purpose of discussing the Wagner Bill, a motion was made and seconded that a news item should appear in the county papers covering every such meeting and contain at least an outline of the speaker's address.

Dr. Londrigan announced that his Special Committee on Social Security had prepared a placard and pamphlets on the Wagner Bill for the doctors' offices. A placard and supply of pamphlets will be sent to each physician upon request to the Executive Offices of the Society, 222 West State Street, Trenton 8, N. J. A postcard is sufficient.

The Chairman, Dr. Londrigan, suggested that the minutes of this meeting be forwarded to the *Journal* of The Medical Society of New Jersey for inclusion in its next issue.

The meeting adjourned at 5:45 p. m.

MIDDLESEX COUNTY

F. J. Koelsch, M.D., Reporter

The January meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on January 19, 1944, at 9:00 p. m. Dr. Joseph M. Gutowski, President, called the meeting to order. No meeting of the Executive Council preceded the regular meeting.

Dr. Meinzer reported for the Ethics Committee that the matter concerning Dr. Walker of Carteret would be held over, as Dr. Walker was still in the hands of the law.

Dr. Theodore Boyt, formerly of South River, and reported missing in action by U. S. Armed Forces, was elected to regular membership on motion of Dr. Meinzer. (Efforts are being made to secure the details concerning this report and when verification of same has been received the Society will act accordingly.)

Dr. William H. McCormick, Jr., Treasurer, suggested that the Society purchase another War Bond for the 4th War Bond Drive—either a $500 or $1000 bond, depending on the amount of surplus in the treasury of the Society.

A letter received from the President of the State Medical Society urging more active participation of all the members of the medical profession, as well as the Woman's Auxiliary, in spreading the news to defeat the Wagner-Dingell bill, was read by Secretary Weiner. In his letter, the President advocated active work by letters, telegrams, etc., to our Congressmen to enlist support to defeat this bill.

A motion by Dr. M. F. Urbanski, to elect as Honorary Members doctors with fifty years' membership in the Society, was carried and Drs. John L. Lund and G. W. Tyrrell of Perth Amboy and Ira T. Spencer were unanimously elected Honorary Members.

A motion by Dr. H. Haywood that a banquet be given to all Honorary Members of the Society was unanimously carried. Dr. Gutowski named Dr. Haywood Chairman of the Banquet Committee and asked Dr. Haywood to appoint further members to work with him.

Dr. Gutowski, in opening the meeting, expressed his hope that the year would bring forth many interesting programs.

The speaker of the evening, Dr. Gustave Aufricht, was then introduced. Dr. Aufricht spoke on the early phases of Reconstruction Surgery and its importance as a branch of surgery, which was accelerated by World War I and also this war.

The talk was well received and most interesting —being amply illustrated by moving pictures of preoperative condition, operative procedure and post-operative results. The films shown included:

1. Correction of exterior x-ray burn with skin graft.
2. Method of successive stages of tube flap graft in correction of marked scar contractures.
3. Correction of hump nose with receding chin.
4. Correction of hypertrophied mammi.

Enthusiasm in the paper was well demonstrated by the questions which followed. A rising vote of thanks was extended to Dr. Aufricht.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held at the Board of Freeholders Room, Administration Building, Paterson, on January 18, 1944. The President, Dr. Murn, presided.

Dr. Murn introduced the speaker of the evening, Dr. Stanley R. Woodruff, the well-known urologist, who gave an informal talk on "Office Urology and Tuberculosis of the Kidney".

He emphasized that office urology has diminished in its scope. Most urological procedures are painful and need hospital techniques. The patient can be made more comfortable in a hospital and all emergencies and complications can be fully handled.

He pointed out that if all senses are used many urological diagnoses can be made. He illustrated in pithy fashion. He stated a cloudy urine that clears with acid can readily be called normal. A noisy stream of urine means no stricture or prostatic hypertrophy.

Dr. Woodruff discussed acute retention. He stated that this can be due to a stricture of the urethra, hypertrophied prostate, stone in urethra or some foreign bodies forced into the urethra. He further discussed gonorrhea, scrotal tumors and hematuria. He stated that hematuria is either painful or painless. The painless types are the most important. Renal stone, renal tumor or early papillary tumors of the bladder are painless. Painful types are hypertrophied prostate, tuberculosis, stone in the bladder and tumors of the bladder.

He had many interesting things to say about tuberculosis of the kidney. This is a secondary infection. It is carried from the lymph glands to the kidney. The symptoms are hematuria, nocturia, frequency and little loss of weight. The treatment is conservative. Operation should be delayed. It should only be undertaken when the other kidney is absolutely proven to be free of disease. His talk was well received and much discussion followed.

MR. BLANKSTEEN, the authorized disability representative of The Medical Society of New Jersey, discussed the Physicians' Special Policy for Accident and Health Protection. A special group plan for members of the Passaic County Medical Society is being urged by the insurance committee. He discussed the advantages. Dr. Murn urged all members who have not taken this insurance to make application.

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The *Summit Medical Society* held its third meeting at the Ciba Pharmaceutical Co. on Tuesday evening, January 25, 1944, at 9:00 p. m.

The subject "Observations on Some Possible Effects of Protein Metabolism on Intra Ocular Tension, and Progressive Myopia" was discussed by Dr. N. W. Burritt of Summit.

There were 19 members and three guests present. A collation followed the meeting.

MAKE AN EARLY RESERVATION FOR THE 1944 ANNUAL MEETING

The 178th Annual Meeting of The Medical Society of New Jersey will be held April 25, 26 and 27, 1944, at the Claridge Hotel, Atlantic City, N. J.

Members of the House of Delegates, the State Society and the Woman's Auxiliary are urged to make reservations early to insure accommodations upon arrival. The Claridge has 400 bedrooms—each with twin beds, bath, shower, fresh and sea water. The following convention rates are available (European Plan only):

	Single	Double
Ocean Front, Corner	$12.00	$16.00
Ocean Front	10.00	14.00
Side View	8.00	12.00
Bay View	6.00	10.00

Use the coupon below for convenience in making your reservation.

....., 1944.

CLARIDGE HOTEL
Atlantic City, N. J.

Please make the following reservation for the Annual Meeting of The Medical Society of New Jersey, April, 1944:

Type of room: Single..... Double.....
Location: .....
Rate: $.....
Arrival date: .....

Name .....
Address .....
City .....

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Mrs. Asher Yaguda

This year emphasis is being made, to a meticulous degree, on acceptance of the principles and methods of our national organization. In drawing up state programs each chairman thought first of forwarding national plans. Those which could be used were embraced in their entirety or in part. Each suggestion received from our parent organization, since the first of the business year, has been considered and discussed.

One new committee has been added, after an absence of some years from our state program. The work of this committee is considered by the American Medical Association and its Auxiliary to be of paramount importance. Meritorious effort has been made by the state chairman of this division. All county Auxiliaries have accepted her suggestions for making a success of this new venture. Consequently, we are able to show good results on our Hygeia campaign.

Although geographically it is not always feasible to have personal contact with the national officers, we have attempted to do this as frequently as possible. At our October meeting we were fortunate in having with us the chairman of one of the newest and most timely committees. Recently, another national officer was invited to speak with us on the work of her committee, but she found it impossible to attend. The President of the Auxiliary to the American Medical Association will be our guest at our annual meeting.

All publicity on our affairs has been sent to the National publications. Copies of our publications are sent to National officers.

In all ways we are striving for recognition of our group by our parent group. This effort is not entirely unselfish. We hope for specific results. Our principal motivation is, however, an anxiety to be an integral part of the whole.

STATE MEETING

The third State Meeting of the Auxiliary will be held in the Executive Offices of The Medical Society, 222 West State Street, Trenton, on March 13, 1944, at 10:30 a. m. A buffet luncheon will be served at 12:30 p. m. Arrangements are being made for a speaker on Public Relations. All members of the Auxiliary are urged to attend.

ATLANTIC CITY — APRIL 25, 26, 27

Mrs. Lodovico Mancusi-Ungaro, Chairman, Press and Publicity

As more and more doctors are called, and as labor shortages grow, so the work of the doctor's wife has increased in direct proportion to the work assumed by her husband. We should recognize that in this service we too make a concrete contribution to the war effort.

We have learned to do without many frivolities, once essentials of pleasant living; but the time has not yet come in which we are no longer interested in conventions.

So it is, that I do not feel that we, the woman power behind the doctors, need be urged to attend the Atlantic City Conventions. We are concerned over the burden of work our husbands have assumed, and we are proud of the burdens thrust upon us. We shall welcome this bit of real relaxation, sugar-coated with a therapeutic dose of medicine.

The Woman's Auxiliary to The Medical Society of New Jersey extends a very special invitation to attend our meeting to the wives of any outside physicians who may find it convenient, to the Auxiliary member whose husband is in service, and to the wife of any foreign physician stationed by chance in Atlantic City.

FUTURE EVENTS

Mrs. Lodovico Mancusi-Ungaro, Chairman of Press and Publicity

Camden County — Mrs. A. M. K. Maldeis, Chairman of Publicity.

On March 7 at 2 p. m. at the home of Mrs. H. Wesley Jack of Haddonfield, the Woman's Auxiliary to the Camden County Medical Society will hold a regular meeting, the main business of which will be the election of its 1944-1945 officers. Following the meeting, Mrs. Max Weimann will review the book "A Surgeon's World" by Max Thorek, M.D.

Essex County—Mrs. Frank Bien, Chairman of Publicity.

A joint Health Day Meeting with Contemporary Club of Newark and the Woman's Auxiliary to the Essex County Medical Society acting as hostesses will be held at 2 p. m., March 21, at the Academy of Medicine.

Hudson County—Mrs. Peter Maras, Chairman of Publicity.

The Auxiliary is planning a card party in April, the funds from which are to be given for war purposes.

Middlesex County—Mrs. Charles F. Merrill, Chairman of Publicity.

A regular meeting will be held on March 15 at 8:30 p. m. at the home of Mrs. M. S. Brody, 47 Raritan Avenue, Highland Park, followed by an exhibit of the Arts and Hobbies of its members.

Passaic County — Mrs. Irving Silverman, Chairman of Publicity.

Dr. William Kvaraceut, Assistant Superintendent of the Passaic Schools, will speak to the members of the Auxiliary on "Child Delinquency" at the Passaic Y. M. H. A., 2 p. m., March 20.

A PAGE FROM THE BOOK OF THE ORGANIZATION CHAIRMAN

Mrs. Don Agard Epler

At the beginning of the Auxiliary year 1943-1944 it was the hope and the earnest desire of our State President, Mrs. Asher Yaguda, and your Chairman that we would be able to interest the County Medical Societies having no Auxiliaries in forming them. Letters were sent out from the Executive Offices in Trenton to all the presidents and secretaries of the County Medical Societies asking their coöperation in adding Auxiliaries to the parent society.

This year there seems to be a real challenge to every Medical Society without a Woman's Auxiliary to enlist the help of their wives, mothers and unmarried sisters and daughters to aid the Society's program of Medical Legislation.

Here is where an Auxiliary would be of value and assistance to the Medical Societies as yet without a Woman's Auxiliary.

For the benefit of the Medical Society presidents who have failed to see the need for an Auxiliary in their counties, as Chairman of Organization, I would like to state the object of a well-organized Auxiliary:

1. To serve as an ally to the Medical Society.
2. To aid in promoting the aims of that organization.
3. To coöperate in every way with the County Medical Society in its public welfare program.
4. To take no action contrary to, or independent of, the advice of our individual Medical Societies.

In the organized counties The Medical Society of New Jersey is soliciting the aid of the Woman's Auxiliary in defeating the enactment of the Wagner-Murray-Dingell Bill. The Medical Society has offered to train the women of the Auxiliary to speak for the doctors on this Bill in lay organizations. We must not fail our Medical Society. Members of the Auxiliary are in a position to create and wield public opinion along medical lines. Indeed it is a delicate and important task we, as Auxiliary members, have undertaken.

May I remind you that the strength of the Auxiliary can only be measured by the num-

ber of its active members, so let us keep constantly at the task of interesting other doctors' wives in our Auxiliary programs. The various phases of the Auxiliary programs afford each and every one of us a share of the problems facing our Medical Societies, in disseminating the truth about medical care and by bringing about understanding between the profession and the public.

It can be best explained by excerpts from the original address of the late Dr. Henry O. Reik, Executive Secretary of The Medical Society of New Jersey. "An opportunity which is not, and cannot be shared by other women: to serve our communities as Auxiliary educators and of properly interpreting the ideals and aims of our physician husbands, fathers and brothers. And while we are thus doing, it is a most opportune time to create good fellowship among doctors' families. To act as a liaison officer between the medical profession and the numerous lay organizations, and to participate in the altruistic work that constitutes so large a portion of the doctor's obligation to society. The Auxiliary shall be an organized reserve force, never out of harmony with any part of the medical profession."

Presidents of the County Medical Societies without Auxiliaries and the Counties that have had Auxiliaries and are disbanding because of lack of interest shown by their Medical Societies; what are you willing to do about it?

The splendid coöperation of The Medical Society of New Jersey is esteemed and valued by the officers and members of the State Auxiliary. Indeed, we are proud of our pleasant association with our Medical Society.

KEEP INFORMED if you would be of assistance to your doctors and yourself. Only by standing shoulder to shoulder, and seeing eye to eye, can we be a strong helping-hand, a true Auxiliary to the Medical Societies.

Let us remember that they, the physicians, have again answered the call to serve.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel Salasin, Chairman of Publicity

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on February 11, 1944, at 2 p. m., in the solarium of the Madison Hotel in Atlantic City.

Miss Arreta Lynch Watts of the duPont de Nemours Company of New York City spoke on "How Chemistry Is Meeting Our Needs Today". Following her comments a motion picture, "A New World Through Chemistry", was shown.

Wives of the medical officers of England General Hospital were guests of the Auxiliary.

In the absence of the President, Mrs. G. Ruffin Stamps, Mrs. Charles Hyman, Vice-President, presided.

Essex County

Mrs. Lodovico Mancusi-Ungaro, Publicity Chairman Pro-tem

In the absence of the President, a special meeting of the *Woman's Auxiliary to the Essex County Medical Society* was called by Mrs. Frank J. McCauley, Chairman of Public Relations, and Mrs. Roy Van Ness, Chairman of Civics, on Friday, February 11th, at the Academy of Medicine in Newark. The purpose of the meeting was to hear Dr. Norman M. Scott, Medical Director of Medical-Surgical Plan, speak on the Wagner-Murray-Dingell Bill.

Dr. Scott spoke of the problems facing the medical profession at the present time, many of them due to a lack of unity among the profession or to a lack of leadership. Personal attacks on individuals not only are unbecoming, but hurt the standing of the profession; and restraint of speech is therefore essential. State Societies must adopt uniform policies as a basis for national leadership.

All standards—not only professional ones, but also those of hospitals, housing, foods, etc.—are always highest when developed under private enterprise with a minimum of government control. Assistance to the needy has always been available on a voluntary basis. The right to solve local problems by a local government must never be relinquished.

Essential standards are the right of the American people. No national program can solve all problems, as the problems are not the same in different sections of the country. This new concept shifts the responsibility to government through taxation; and when analyzed means to what extent the people of the United States want government control. It does away with personal thrift and rugged individualism.

Physicians do not object to the ideals of the Wagner-Murray-Dingell Bill, but to the means by which these ideals are obtained. Enactment of the bill would deprive the people of the right to solve local problems by local government; would make us subject to the dictatorial powers of one man; would create a bureaucracy; and would thrust upon the doctors a tremendous amount of service without adequate compensation. The very type of practice of each practitioner would be determined by one man, and the standards of services rendered would be regulated and inspected.

Gloucester County

Mrs. Clarence A. Bowersox, Chairman of Publicity

The *Woman's Auxiliary to the Gloucester County Medical Society* met at 9 p.m. on February 17 at the home of Mrs. Baxter Livengood, Woodbury. Mrs. William Pedrick, Sr., of Glasston presented a quiz program.

Mercer County

Mrs. A. F. Moriconi, Chairman, Press and Publicity

The Executive Committee of the *Woman's Auxiliary to the Mercer County Medical Society* recently held a meeting at which plans for the further study of the Wagner Bill by the Chairman of Public Relations, Mrs. D. Leo Haggerty, were made.

Following the meeting a social time was enjoyed by those attending. Mrs. John F. Kustrup was hostess.

Passaic County

Mrs. Irving Silverman, Chairman of Press and Publicity

Dr. Andrew F. McBride was the guest speaker at the January 17th meeting of the *Woman's Auxiliary to the Passaic County Medical Society,* which was held at the Paterson Woman's Club. Dr. McBride discussed the medical and hospitalization provisions of the Wagner-Murray-Dingell Bill. He urged the women present to write their senators and congressmen opposing the bill.

Mrs. A. G. Markel, Vice-President, presided at the business session in the absence of the President, Mrs. Joseph E. Mott, who has joined her husband in Columbus, Ohio, where he is stationed at the Naval Procurement Office.

Reports were given by Chairmen of the Press and Publicity Committee, Legislation and Public Relations. A report of the recent State meeting in Trenton was given by Mrs. R. J. McDonald.

Mrs. William A. Dwyer was named Chairman of the Nominating Committee to report at the March meeting to be held on the 20th at the Passaic Y. M. H. A.

Three new members were welcomed to the Auxiliary: Mrs. Joseph Maclay, Mrs. Arthur Allen and Mrs. Mario Capio, all of Paterson. Twenty-two members attended the meeting.

Warren County

Mrs. Herman Baldauf, Chairman of Publicity

The *Auxiliary to the Warren County Medical Society* met on January 18 with Mrs. F. A. Shimer presiding. Plans were discussed for a benefit card party on May 6. At the close of the business session the members attended a lecture on "The Doctor Looks at Juvenile Delinquency" by Dr. Arthur C. Zuck of Washington, given before the Warren County Medical Society. Eight Auxiliary members were present at the meeting.

BOOKS RECEIVED FOR REVIEW

OFFICE TREATMENT OF THE NOSE, THROAT AND EAR. By Abraham R. Hollender, M.Sc., M.D., F.A.C.S. Pp. 480, illustrated. Chicago, Year Book Publishers, Inc. 1943. $5.00.

APPLIED DIETETICS; The Planning and Teaching of Normal and Therapeutic Diets. By Frances Stern. 2d ed. Pp. 265. Baltimore, The Williams & Wilkins Company. 1943. $4.00.

SYNOPSIS OF MATERIA MEDICA, TOXICOLOGY AND PHARMACOLOGY, For Students and Practitioners of Medicine. By Forrest Ramon Davison, B.A., M.Sc., Ph.D., M.B. 3d ed. Pp. 759 with 40 illustrations, 4 in color. St. Louis, C. V. Mosby Company. 1944. $6.50.

SYNOPSIS OF OBSTETRICS. By Jennings C. Litzenberg, B.Sc., M.D., F.A.C.S. 2d ed. Pp. 405 with 157 illustrations including 5 in color. St. Louis, C. V. Mosby Company. 1944. $5.00.

ORAL PATHOLOGY; a Histological, Roentgenological and Clinical Study of the Diseases of the Teeth, Jaws and Mouth. By Kurt H. Thoma, D.M.D. 2d ed. Pp. 1328 with 1388 illustrations including 128 in color. St. Louis, C. V. Mosby Company. 1944. $15.00.

MINOR SURGERY. By Frederick Christopher, S.B., M.D., F.A.C.S. 5th ed. Pp. 1006 with 575 illustrations. Philadelphia, W. B. Saunders Company. 1944. $10.00.

TRAUMATIC INJURIES OF FACIAL BONES; an Atlas of Treatment. By John B. Erich, M.S., D.D.S., M.D.; Louie T. Austin, D.D.S., F.A.C.D., in collaboration with the Bureau of Medicine and Surgery, U. S. Navy. Pp. 600 with 33 illustrations. Philadelphia, W. B. Saunders Company. 1944. $6.00.

GASTRO-ENTEROLOGY (in 3 volumes). By Henry L. Bockus, M.D., and colleagues at the University of Pennsylvania Graduate School of Medicine. v. 2. THE SMALL AND LARGE INTESTINE AND PERITONEUM: Diagnosis and Treatment of Disorders of the Small Intestine, Colon, Peritoneum, Mesentery and Omentum. Pp. 975 with 176 illustrations, 12 in color. Philadelphia, W. B. Saunders Company. 1944. 3 volumes and separate desk index. $35.00.

HANDBOOK OF NUTRITION: A Symposium Prepared under the Auspices of the Council on Foods and Nutrition of the American Medical Association. Chicago, American Medical Association. 1943. $2.50.

SULFONAMIDE THERAPY IN MEDICAL PRACTICE. By Frederick C. Smith, M.D., M.Sc. (Med.), F.A.P.S. Foreword by George Morris Piersol, B.S., M.D. Pp. 368 illustrated with numerous engravings, graphs and tables. Philadelphia, F. A. Davis Company. 1944. $5.00.

BOOK REVIEWS

Applied Dietetics: The Planning and Teaching of Normal and Therapeutic Diets. By Frances Stern, Chief of Frances Stern Food Clinic, The Boston Dispensary. Assistant in Medicine, Tufts College Medical School. Special Instructor in Dietetics in Social Work, Simmons College, The School of Social Work. Pp. 265, with tables. 2d ed. Baltimore, The Williams & Wilkins Company. 1943. $4.00.

A concise, practical and up-to-date manual on applied dietetics for the physician doing general practice, this book teaches with ease how to plan and make up a balanced diet. It cannot, however, be recommended as a text book for students interested in nutrition or biochemistry.

The chapters in the book are devoted to daily food requirements of the body, construction of normal and therapeutic diets, tables to simplify the computation of the diets, and dietary outlines and menus in different nutritional disorders. The recent advances in the study of minerals and vitamins are included in the tables of food values and in the construction of the diets. Many of the tables included here appear in books on nutrition and metabolism. This book is of little value to anyone who possesses a recently written book on nutrition. The writer has eliminated many of the highly technical subjects related to nutrition and diet, thereby making it simple for the busy practitioner to appreciate.

The author has presented a scientific, practical and useful contribution to the study of dietetics through this manual. S. WILLIAM KALB, M.D.

Allergy, Anaphylaxis and Immunotherapy; Basic Principles and Practice. A Treatise Presenting the Fundamental Principles and Practice Governing the Use of Antisera, Vaccines, Toxoids, Blood Transfusions, Blood Substitutes and Sulfonamides in the Prevention and Treatment of Infectious Diseases and of the Allergic Phenomena Resulting from Their Use. By Bret Ratner, M.D. Pp. 834. Baltimore, Williams and Wilkins Company. 1943. $8.50.

Allergy, anaphylaxis and immunotherapy is a detailed text, rich in thorough understanding, skillful treatment and simple thoughtful explanations of your problems in this field. Dr. Ratner's touch is not superficial, it is rather that one is early impressed with the wealth of personal research and preparation that has gone into the building of this book. His concepts rest on the "acceptable" in contemporary work, plus his own very great contribution, earned by tireless efforts to discover the reasons behind allergy and its allied phenomena. In Dr. Ratner we have the happy combination of conservative, clinician, student and capable author.

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Dr. Ratner offers some fascinating theories, always with considerable conviction, of the physiological pathology and blood chemistry variations of this so-called allergic state.

Here is a book to be read with profit and then to be kept among one's books for reference.

E. Z. MERRICK, M.D.

Manual of Cardiology. By Thomas J. Dry, M.A., M.B., Ch.B., M.S. in Medicine. Pp. 310. Philadelphia, W. B. Saunders Company. 1943. $3.00.

Present-day demands upon the energies of the practitioner unfortunately allow him little time for serious study. There is, therefore, a definite need for the presentation of the various specialties in synopsis form. In his manual the author has succeeded in presenting a comprehensive survey of the field of cardiology. He manages to find space to devote to certain aspects of heart disease which are not even touched upon in some of the larger volumes; for instance, the hyperventilation syndrome, Fiedler's myocarditis and non-specific pericarditis.

The introduction is rather puerile and could be deleted to advantage. The chapter on cardiac murmurs is particularly well done, as are also the discussions on dyspnoea and abnormal pulsations. Throughout the book the concept of predominant left and right ventricular strain is emphasized. The x-ray reproductions are excellent, but the line drawings are poorly chosen and tend to be confusing. The subject of auricular fibrillation is dismissed with less attention than its importance merits. The dogmatic statement that digitalis has no place in the treatment of premature contractions cannot pass unchallenged. The reader of a manual, it may be safe to assume, will not be interested in the livelong technical terms for the mercurial diuretics.

This book may be highly recommended for the general practitioner or specialists in other fields who wish to review briefly modern cardiology.

RALPH MILLER, M.D.

Convulsive Seizures—How to Deal with Them; A Manual for Patients, Their Families and Friends. By Tracy Putnam, M.D. Pp. 168, 12 illustrations. Philadelphia, J. B. Lippincott Company. 1943. $2.00.

A volume of 168 pages—Convulsive Seizures, How to deal with them—is intended to be a manual for patients, their families and friends. The author states frankly that "this manual is not intended primarily for the physician," but he expects to put forth a somewhat larger work, intended to provide physicians with technical information useful in directing treatment. Like most pioneers he is ready to accept responsibility for the defects of his book and to give credit to the work of countless predecessors and of many collaborators.

As a matter of fact, the work of Dr. Harvey Cushing, Dr. Stanley Cobb, Dr. William G. Lennox and others mentioned in the preface, including the author's, forms the background of the work. So much truly scientific and valuable information has been accumulated within recent years that its story is like that of the progress in the treatment and mastery of another disease which was formerly taboo in public. Like syphilis, the full story of the morbus sacer of the ancients has not been set forth for public information and consumption.

This work should be read by every physician while he awaits Dr. Putnam's longer work.

The data obtained by the study of electroencephalography has placed the matter of the diagnosis and treatment of epilepsy upon a much more real scientific foundation than ever before. What is needed on the subject is *light* and *more light* as to the underlying causes of "seizures" or "spells" (much better words than fits or convulsions).

The reviewer has thought and felt acutely on this subject for two score years; has had the opportunity and the privilege of seeing some light break on the darkness and obscurity of the subject. In considering this book in review one is impressed by the author's effort to shed some of the light already accumulated on this perplexing malady for the benefit of all concerned—the patient, the family and the doctor. It is a light that will grow in intensity as time goes on and knowledge increases. Even if parts of this book may bring temporary confusion to some classes of readers, on the whole, it will be beneficial in bringing amelioration and even cure to the "millions who are afflicted by the disease".

C. C. BELING, M.D.

Biochemistry of Malignant Tumors. By Kurt Stern, M.D., and Robert Wilhelm, M.D. Pp. 951. Brooklyn, Reference Press. 1943. $12.00.

The first chapters deal with the relationship of tumors to anorganic, organic and physical chemistry. There is considerable discussion of the carcinogenic mechanism, which is not solely decided by the local reaction to a certain carcinogenic stimulus, but is primarily determined by the response of the rest of the body. These studies may broaden the understanding of the problems and pave the way for effective chemotherapy of malignant tumors, either in the form of prophylactic measures or actual cancer therapy. The rôles played by enzymes, metabolism, hormones, particularly estrogenic, and the reticulo-endothelial system, are discussed fully.

The authors also discuss virus as the cause of cancer. They stress the fact that nobody has proved or disproved virus as a cause of cancer. The strongest argument against an etiology of carcinoma by virus is the results in experimental tar cancer, which, with rare exceptions, are constant. Producing cancer in this way, one must assume the alleged virus to be ubiquitous. Its rôle, however, would be rather subordinate, since its activity would depend wholly upon the preceding preparatory action of the carcinogenic stimulus.

The concluding chapter refers to diagnosis. Immunological reaction, physico-chemical tests, determination of physico-chemical constants, urine tests and combinative methods are given. The conclusion arrived at is that no reliable biological or chemical method of tumor diagnosis has been found, and a combination of several diagnostic tests is necessary.

The authors think that even if such a method had been found, the value of cancer diagnostic measures would be severely curtailed by two facts; the failure of the tests to give the exact location of the tumor in the body, and the lack of general internal cancer therapy. The reviewer disagrees with this conclusion and thinks a reliable cancer test, would, under all circumstances, be of great value for early diagnosis. The test could help to find many early cancer cases. By systematic examination one could find the location of the tumor by other means and attempt a cure with the possibilities available at the present time.

The book is rich in facts, provocative in thought, and frequently points the way for future research work.

E. J. OESTERLIN, M.D.

Orthopedic Subjects. Prepared and Edited by the Subcommittee on Orthopedic Surgery of the Committee on Surgery of the Division of Medical Sciences of the National Research Council, George E. Bennett, Chairman. Military Surgical Manual IV. Pp. 306, illustrated. Philadelphia, W. B. Saunders Company. 1942. $3.00.

This book deals with some of the commoner conditions that one might expect to meet in war-time surgery. They are discussed in more detailed fashion than found in the ordinary texts. The handling of non-union fractures, fractures of the spine, compound fractures, and acute and chronic osteomyelitis is described clearly and thoroughly. The illustrations are unusually good, especially those of the non-union of fractures.

PETER CORDASCO, M.D.

White Blood Cell Differential Tables. By Theodore Waugh, B.A., M.D., C.M. Pp. 126. New York, D. Appleton-Century Company. 1943. $1.60.

White Blood Cell Differential Tables, by Dr. Waugh, as the name implies, is a compilation of tables by Dr. Waugh to facilitate rapid calculation of the actual number per c.c.m. of each type of white blood cell from the differential percentages.

Of the 123 pages, 107 are assigned to tables, the remaining space is devoted to explanation of usage and value of actual number of each type of cell in place of relative values.

Dr. Waugh believes most hemotologists appreciate the diagnostic value of a differential resides in the knowledge of actual number of each type of cell. This is undoubtedly true, but, for the general practitioner, employing this newer system would necessitate learning normal and diagnostic values to replace the accepted percentage valuation.

Included in the introductory chapter are some suggestions as to how to increase the accuracy of white blood counts and differential counts. Although the method suggested may increase the accuracy, the time consumed in executing the technique does not seem practical for institutions doing a large number of counts, but could be employed in private practice more readily.

For the most part the book is emblematic of research to such a degree that employing most of the suggested technique would require assignment of extra technicians to perform the meticulous portion of what now constitutes routine procedure.

Those doctors who are accustomed to diagnosing diseases on the basis of total number of types of white blood cells per cubic millimeter will find these tables time saving for it includes tables for white counts ranging from 10 to 10,000 which accommodate differential percentages to one hundred.

Eleanor Bonner, M.T.,
Chief Laboratory Technician
St. Barnabas Hospital.

Elements of Medical Mycology. By Jacob Hymas Swartz, M.D. Introduction by Fred D. Weidman, M.D. Pp. 179, New York, Grune & Stratton. 1943. $4.50.

Very little has been published on the subject of medical mycology that will meet the requirements of the practitioner. This compendium is calculated to do this.

The chapter on taxonomy is presented in a terse and interesting style. The technical terms used in mycology are painstakingly and concisely explained. The chapter on laboratory procedures for the identification of fungi is adequately detailed, especially for the direct microscopic examination and for the cultivation of fungus material. The chapter on the blastomycetes, the general microsporum and trichophyton, and eleven other pathogenic fungi deals in an adequate manner with their mycology and pathology. An outline for the treatment and prophylaxis is given for each organism described. The concluding chapter is a brief record of the experiences with sulfanilamide and its derivatives by the author and others. The book includes a well-organized large-sized chart showing the correlation of the clinical picture and the mycological findings of the individual organism. The chart is excellently illustrated.

The book is profusely sprinkled with excellent drawings and photographic reproductions, and is neatly and concisely written. It is a valuable contribution to the understanding of medical mycology.

Philip Beerman, B.S.

A Surgeon's World. An Autobiography. By Max Thorek, M.D. Pp. 410. Philadelphia, J. B. Lippincott Company. 1943. $3.75.

"From rags to riches" is a favorite American theme, yet it never ceases to arouse interest when vivid words re-tell the story. Dr. Thorek's life story falls into this category but it has a plus value to practicing physicians and surgeons and a challenge to anyone who contemplates entering the world of Aesculapius. The young boy who came from Budapest and lived in poverty showed rare fortitude in securing his medical education. There were years of struggle with increasing opportunities through hard work, then the final goal, establishment of the American Hospital. The manner of its telling and the wealth of anecdotes of his surgical experiences holds the reader to every word. Some of the chapters may not find complete favor with the profession, namely, "Thoughts on Turning Forty", for he discusses politics, jealousies and the like as they affect the medical fraternity, and his views are not padded with fancy phrases. Stories of his friends, the great and near great, are living accounts of these people. Through the entire volume runs a thread of love for his wonderful wife, a tribute to this woman who left her comfortable home to follow him to the new world of poverty. When the last word is read there is a feeling of having known the doctor and his rich life.

By all means read "A Surgeon's World" and pray that America will continue to offer its opportunities to men who can and will return service and loyalty to the medical world in the manner of Dr. Thorek.

Carolyn Valentine.

Textbook of Physiology. By William D. Zoethout, Ph.D., and W. W. Tuttle, Ph.D. 8th ed. Pp. 728 with 308 illustrations and 3 color plates. St. Louis, C. V. Mosby Company. 1943. $4.75.

In their eighth edition of this textbook of physiology, these two authors have followed their usual outline of attempting to make the descriptive material broad enough in scope to enable students to understand the fundamentals of physiology without a previous knowledge of histology. The many cuts, illustrations and descriptive charts help very materially in making such an approach possible.

Clarence L. Andrews, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **March, 1944** **No. 3**

OUR national experience with tuberculous veterans of the last war has been unfortunate. Sadder still would be a repetition involving the men and women fighting World War II. This paper, addressed originally to health officers, challenges every physician whose practice embraces a tuberculous veteran or the family of one.

TUBERCULOSIS AMONG VETERANS

During first World War inductions, knowledge and facilities for diagnosis were insufficient to screen out many men suffering from tuberculosis, particularly presymptomatic disease. Thus, many active cases entered the Army. Hardships of training and combat produced still more. After the war, care of tuberculous veterans fell to the newly organized Veterans' Bureau. Hospitals and sanatoria were erected. The service became a major medical activity of the Bureau, and of its successor, the Veterans' Administration. As early as 1923, 23,653 tuberculous veterans were admitted to treatment in one year. At first, care was limited to tuberculosis connected with military service. Subsequently, cases with disease unrelated to military service became eligible. As a result, tuberculosis admissions have continued numerous. During fiscal 1942, after almost a quarter century, hospital admissions numbered 9,658. Over 300,000 such admissions and re-admissions have accrued in hospitals of the Veterans' Administration or other government, state or civil institutions since the last war.

The government has spared no efforts or funds in erecting and equipping modern hospitals and in providing adequate medical personnel. In March, 1942, there were 5,217 beds to meet current needs, embracing tuberculous veterans of the present war and including tuberculosis beds in veterans' psychiatric hospitals. Besides having all costs of hospitalization and transportation to hospitals paid, tuberculous veterans also receive compensation payments scaled from $8 to $100 per month, based on varying grades of dependency and service-connected or non-service-connected disability. Men treated at home may qualify for an additional $50 per month payable to the wife or other attendant. These provisions have tempted many to discontinue hospital care and attempt a cure at home.

Standards of operation in veterans' hospitals are generous. In 1942, excluding overhead, the *per diem* cost of operation was $4.37 per patient and the total direct costs of treatment approached $8,000,000. Compensation of World War I veterans with partial or total disability due to tuberculosis, whether or not service-connected, amounted to approximately $40,000,000 during that fiscal year. Such veterans then still numbered 63,000, and exceeded by many times the number accepting hospital care. Disability payments over the last 25 years aggregate about one billion dollars.

Despite the admirable services available to tuberculous veterans, the experience of their hospitals has been unfavorable. Thus, in 1942, of the 9,854 cases discharged from these hospitals, only 1.9 percent were designated "arrested" at discharge; 0.3 percent "apparently arrested," and 0.8 percent "quiescent"—a bare total of 3 percent medically rehabilitated. The remaining discharges included: "condition improved" 32.7 percent; "condition unimproved" 28.9 percent; "dead" 19.5 percent; and "condition not stated" 16.0 percent. The vast majority were obviously not ready for release. So-called "improved" cases represent, predominantly, patients with unstable lesions, a large proportion leaving the hospital without authorization or consent. Thus, the Veterans' Administration itself classified the hospitalization of 58 percent of the cases as "incomplete." These 1942 figures are rather typical, though somewhat worse than those of earlier years.

Exact comparisons among various sanatoria as to results of treatment on the basis of such crude figures are impossible, particularly now when World War I veterans admitted are older men,

usually with chronic disease. Of recent admissions, only 4 percent were "incipient" cases, 22 percent "moderately advanced," and 74 percent "far advanced." Even so, there is a painful contrast between the results with veterans and those achieved in well managed state, municipal, and private sanatoria. In a 1933-34 survey of tuberculosis hospitals and sanatoria in the United States by the American Medical Association, patients discharged with tuberculosis "arrested," "apparently arrested," or "quiescent," accounted for 29 percent of all discharged. Among Michigan State sanatoria from 1930 to 1934 discharges included 61 percent in these three groups. At Mount McGregor Sanatorium of the Metropolitan Life Insurance Company, of males discharged between 1919 and 1936, and excluding incipient cases, 48 percent were in comparable categories. Even for cases far advanced on admission, the proportion was 34 percent.

This deplorable situation among tuberculous veterans has not developed from lack of desire to help the men. Everyone concerned aimed at optimum care. *The chief failure was by legislators and others interested in veteran welfare to appreciate fundamental conditions necessary for effective treatment.* In part, outside pressure was brought to bear to liberalize financial provisions. These measures actually have minimized effective control over the movement of the tuberculous. Veterans, not subject to ordinary hospital restrictions, come and go almost at will, regardless of their condition and against medical advice. Patients have been readmitted as many as 24 different times. Six to 8 admissions of the same man are common despite official effort to educate and persuade patients to complete their hospital care, and measures to exclude offenders from immediate rehospitalization. Much of the discipline essential to success in treating tuberculosis is lacking. Indeed, laws and practices have so evolved that it often financially benefits men to leave the hospital or avoid it altogether. This creates an impossible situation, undermining morale of veterans and professional staff alike.

More serious than mere failure to rehabilitate the patient, discharge before cure exacts its toll on the nation. It has allowed thousands with communicable tuberculosis to return to civilian communities, to live at home or travel about under little or no medical supervision. State and local health officers have assumed little responsibility for men traditionally regarded as wards of the federal government. Few patients have recovered; most have constituted an army of discouraged men spreading tuberculosis in their home communities.

Administration authorities and veterans' leaders are recognizing the need for a remedy, beginning with a drastic change in viewpoint. Specific improvements are being considered and necessary legislative measures will be debated. The American Legion is launching a campaign through its local branches to see that veterans resume and continue hospital treatment until discharged with medical approval.

What is to be done? First, new controls must render liberal benefits medically effective, preventing the drifting of tuberculous veterans until the disease is "arrested" or, at least, not a menace.

Second, the medical profession must coöperate with the Veterans' Administration in the follow-up of tuberculous ex-patients. The Administration has indicated that it will release information to state and local health officers, and routines for getting such reports are imperative. Men still in need of sanatorium care who will not stay in veterans' institutions should be hospitalized in state or local sanatoria, with legal power invoked where necessary. Each man's circle of contacts should be thoroughly combed for additional cases.

Finally, a genuine effort must be made to protect the large crop of tuberculous veterans inevitable from the present war. It is likely that the Veterans' Administration will function under regulations and procedures governing the care of veterans of World War I. Already, many of the tuberculous veterans of the new war show the same restlessness and abandonment of hospital care which have produced calamitous results among the older men. With new cases already numerous, the stage may be set for another great medical tragedy. Lack of discipline and mistaken generosity may not only take their toll of young men who deserve to get well and resume useful lives, but may seriously delay control of tuberculosis in the general population—unless we act!

Function of the Health Officer in the Control of Tuberculosis among Veterans, Louis I. Dublin, Ph.D., Amer. Jour. of Pub. Health, Dec., 1943.

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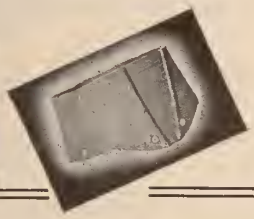
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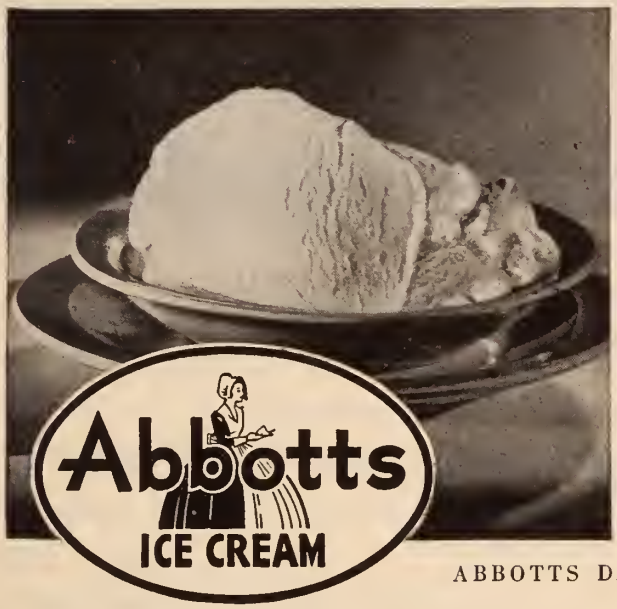
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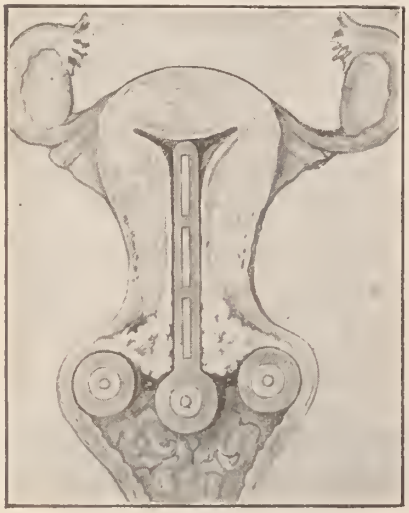
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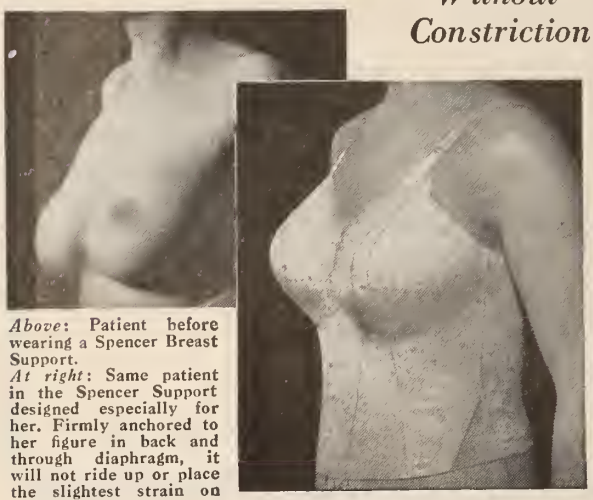
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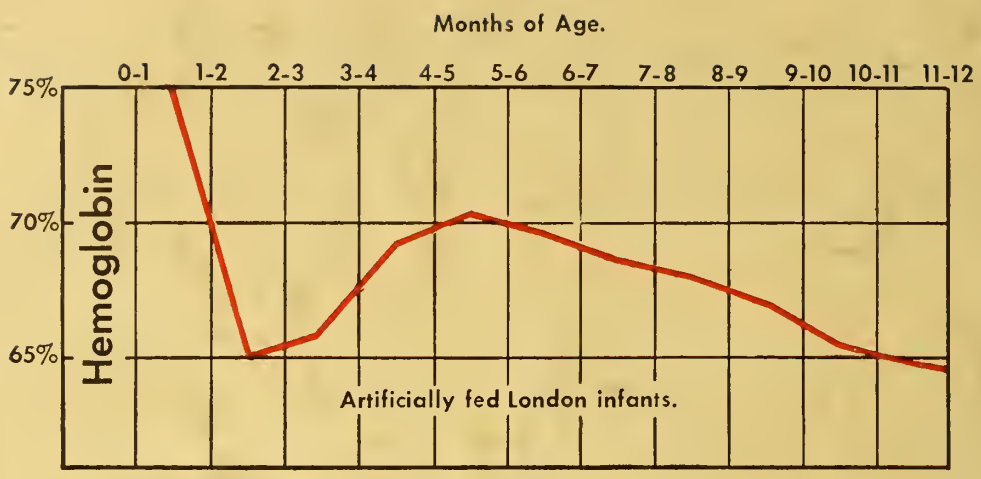
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NUTRITIONAL ANEMIA IN INFANTS

REASONS FOR EARLY FEEDING OF PABLUM (OR PABENA)

1. The infant's initial store of iron is rapidly depleted during the first months of life. (Mackay,[1] Elvehjem[2]). About 30% of the iron freed from the hemoglobin during the first two months is lost, and while hemoglobin destruction takes place, all infants are in negative iron balance. (Jeans,[3] and Usher, et al.[4]).

2. During the early months of life the infant obtains very little iron from milk — 1.44 mg. per day from the average bottle formula of 20 ounces or possibly 1.7 mg. per day from 28 ounces of breast milk. (Halt,[5] Jeans[3]). The incidence of nutritional anemia has been found to be high among infants confined largely to a diet of cow's milk. (Davidson, et al.[6] Usher, et al.,[4] Mackay[1]).

Far these reasons and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Strauss,[7] and Gottlieb and Strean[8]), the pediatric trend is constantly toward the addition of iron-containing foods at an early age, both to normal infants and those with pylaraspasm. (Neff,[9] Blatt,[10] Brennemann,[11] Monypenny[12]).

THE CHOICE OF THE IRON-CONTAINING FOOD

1. Many foods high in iron actually add very little to the diet because much of the mineral is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 Gm. (Bridges[13]).

2. To be effective, food iron should be soluble. Some foods fairly high in total iron are low in soluble iron. Thus egg yolk and liver have less soluble iron than does farina, which is very low in total iron. (Summerfeldt[14]). Oxalate-containing leafy vegetables are low in soluble iron and appear not to be well utilized as a source of iron by infants. (Kohler, et al.,[15] and Stearns[16]).

3. **Pablum (and Pabena) are high both in total iron (30 mg. per 100 Gm.) and soluble iron (7.8 mg. per 100 Gm.) and can be fed in significant amounts at an early age, without digestive upsets. (Blatt,[10] Monypenny[12]). Clinical studies of sick and well babies have shown Pablum to be of value in raising hemoglobin values (Crimm, et al.,[17] Summerfeldt and Ross[18]), even when egg yolk and spinach were not effective (Stearns[16]).**

Pablum, a palatable mixed cereal food, vitamin and mineral enriched, and cooked thoroughly and dried, consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, powdered beef bone, sodium chloride, alfalfa leaf, brewers' yeast, and reduced iron. (The oatmeal form of Pablum is called Pabena.)

[1-18] Bibliography on request.

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THE JOURNAL

OF
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Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, No. 4 APRIL, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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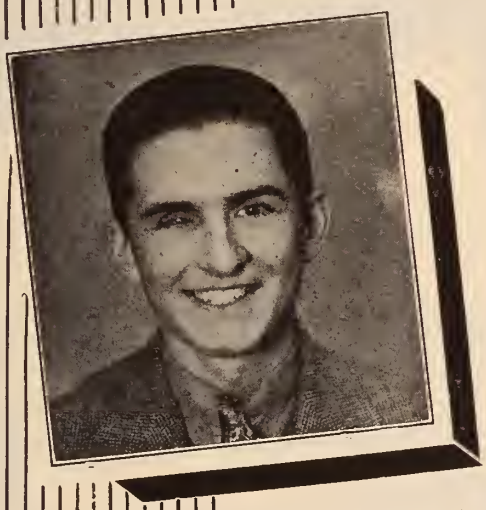
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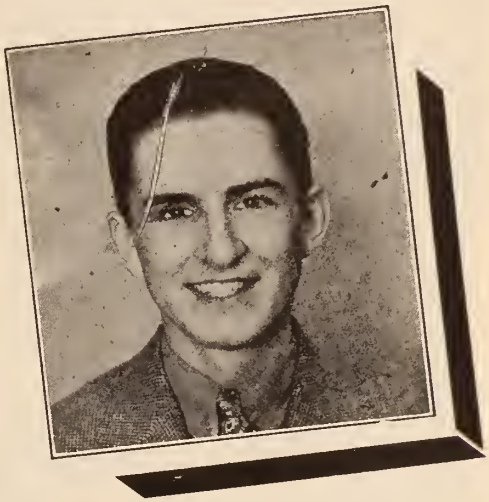
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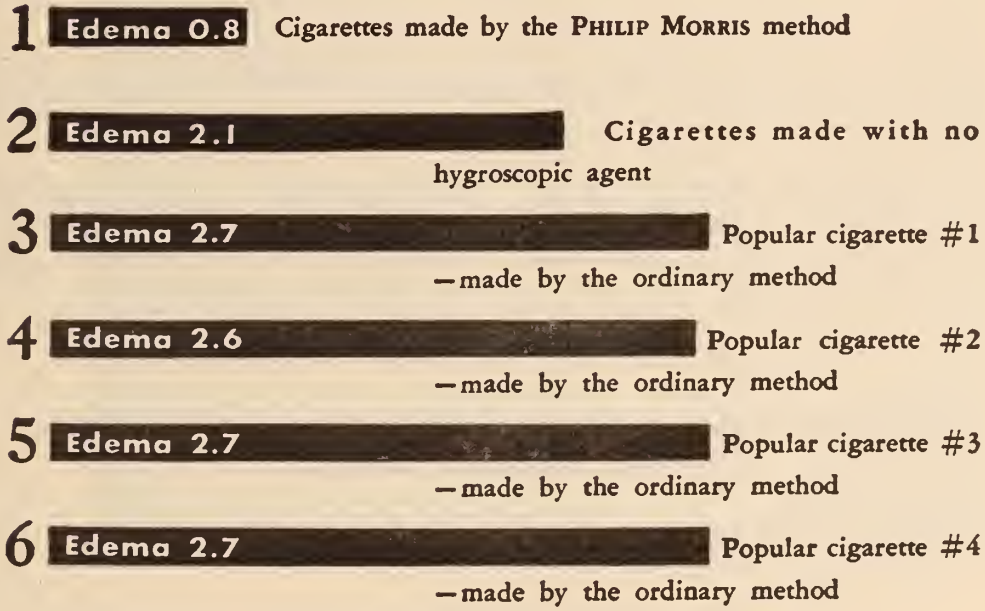
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**N. Y. State Journ. Med. 35 No. 11,590 **Laryngoscope 1935, XLV, No. 2, 149-154*

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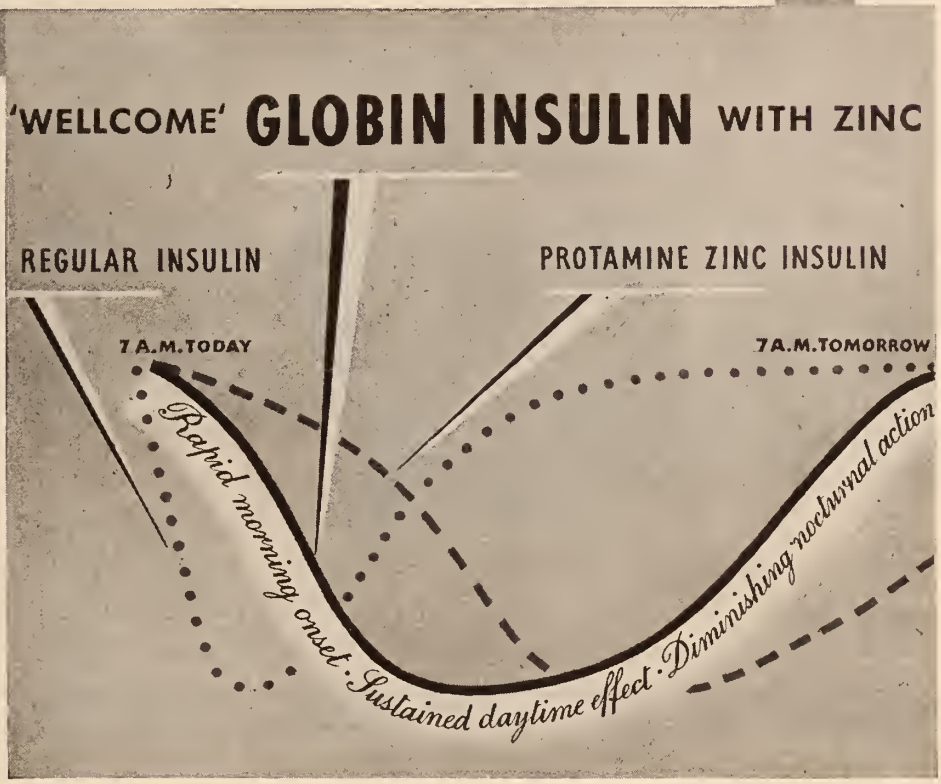
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'Wellcome' Globin Insulin with Zinc conforms to the needs of the patient. *A single injection* daily has been found to control satisfactorily many moderately severe and severe cases of diabetes. 'Wellcome' Globin Insulin with Zinc, a clear solution, is comparable to regular insulin in its freedom from allergenic skin reactions.

'Wellcome' Globin Insulin with Zinc is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. Registered U. S. Patent Office No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

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Literature on request

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Estrogen Therapy

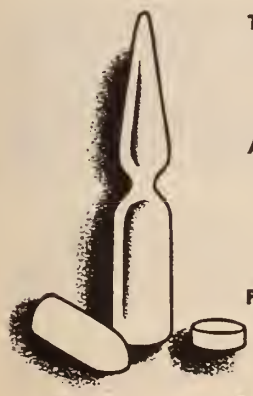
MAY BE INDICATED IN THE FOLLOWING CONDITIONS . . .

- Menopausal symptoms
- Senile vaginitis
- Kraurosis vulvae
- Gonorrheal vaginitis of children
- Painful engorgement of the breasts in puerperium
- Carcinoma of prostate
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- Also useful for the purpose of suppressing lactation, under certain conditions

DUPLICATING practically all the known actions of natural estrogens, having the advantage of being relatively more active upon oral administration than its natural counterparts, and being appreciably more economical, the utility of Diethylstilbestrol is gaining ever wider appreciation among clinicians.

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Pessaries (Vaginal Suppositories) 0.1 mg., and 0.5 mg., boxes of 12 and 50.

A preparation of natural estrogens, Amniotin is also available. It is obtained from urine of pregnant mares—is a highly concentrated, non-crystalline preparation of estrone together with small varying amounts of other estrogenic ketones. It is supplied in corn oil solution for intramuscular use and in capsules for oral administration. Also in pessaries.

Particularly economical is Amniotin in Oil, in 10-cc. vials—10,000 I.U. per cc., and 20,000 I.U. per cc.—and in 20-cc. vials containing 2000 I.U. per cc. These forms also permit utmost flexibility in adjusting dosage to meet the varying needs of patients.

For literature write the Professional Service Dept., 745 Fifth Ave., New York 22, N. Y.

E·R·SQUIBB & SONS

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PENICILLIN

MERCK

A SIGNAL ADVANCE IN CHEMOTHERAPY

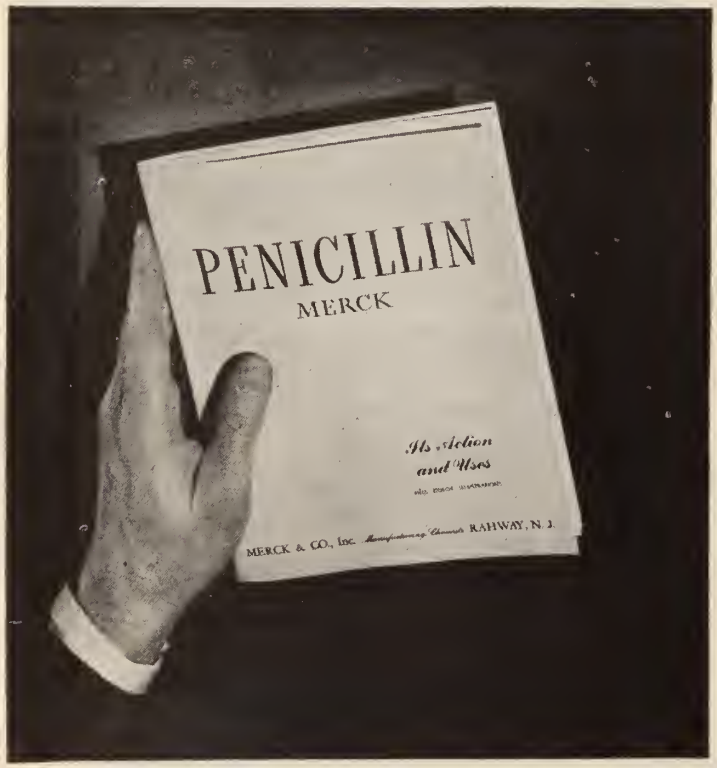
The discovery, production, and clinical evaluation of the new chemotherapeutic agent, Penicillin, constitute a signal advance in medicine's relentless warfare against disease.

Penicillin has proved to be extremely effective in the treatment of infections produced by the *Staphylococcus aureus,* the pneumococcus, hemolytic streptococcus, and gonococcus. In general, Penicillin is not effective against gram-negative organisms, with the exception of the gonococcus and meningococcus. *In vitro* studies indicate that Penicillin will prove to be effective against a variety of other organisms.

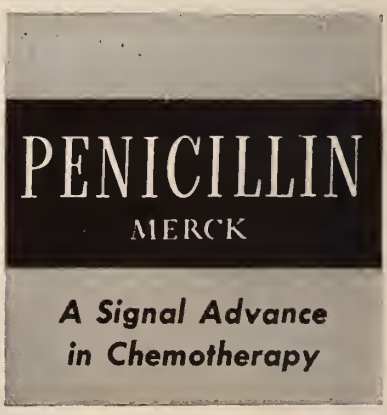
In accordance with Order No. M-338, of the War Production Board, all supplies available for civilian use are allocated under the supervision of the Chairman of the Committee on Chemotherapeutic and Other Agents of the National Research Council.

Intensive research, begun in the Merck Research Laboratories in the autumn of 1940 and carried on continuously ever since, is devoted to the development of methods by which this extremely effective substance may be produced in ever-increasing quantities.

Every effort is being made to expand production further for the benefit of our Armed Forces. Civilian medical needs will be the first consideration after these requirements have been met.





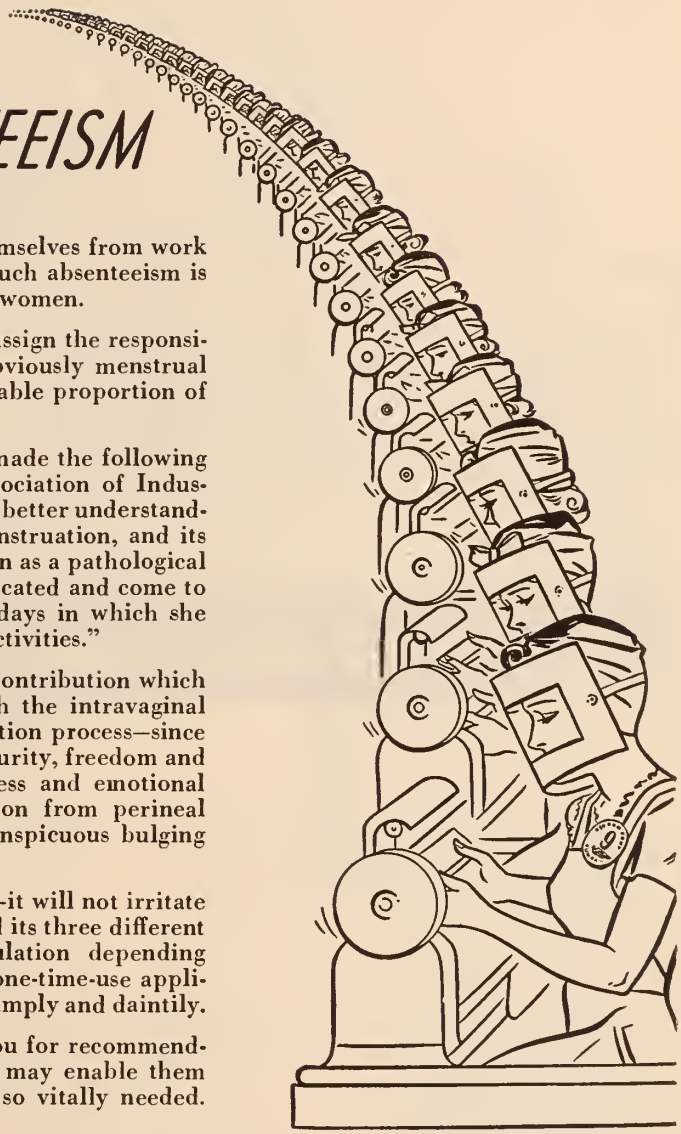


Copies of this recently published booklet, which contains a comprehensive description of the action and uses of Penicillin Merck are available on request.

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

OBJECTIVE

REDUCTION OF FEMALE ABSENTEEISM



Statistics show that women absent themselves from work much more often than men; indeed, such absenteeism is said to be 50 per cent[1] higher among women.

Though available data do not clearly assign the responsibility for this marked differential, obviously menstrual inconveniences account for a considerable proportion of the days lost.

On this point Pommerenke[2] recently made the following observation before the American Association of Industrial Physicians and Surgeons: "With a better understanding of the purpose and nature of menstruation, and its recognition as physiological rather than as a pathological process, many a woman may be re-educated and come to regard the so-called difficult days as days in which she need not seriously curtail her usual activities."

Many physicians have discovered the contribution which *improved menstrual hygiene* (as with the intravaginal tampon Tampax) affords this reeducation process—since it provides such a welcome sense of security, freedom and poise by relieving the physical distress and emotional uncertainty caused by vulval irritation from perineal pads, or from olfactory offense, or conspicuous bulging under slacks or coveralls.

Tampax can be used easily and safely—it will not irritate delicate tissues nor block the flow. And its three different absorbencies permit individual regulation depending upon daily needs. Compressed into a one-time-use applicator, it may be inserted and removed simply and daintily.

Your patients should be grateful to you for recommending Tampax—and (in many cases) it may enable them to stay "on the job" where they are so vitally needed.

(1) Mod. Med., 11:130, 1943; (2) Ind. Med., 12:512, 1943

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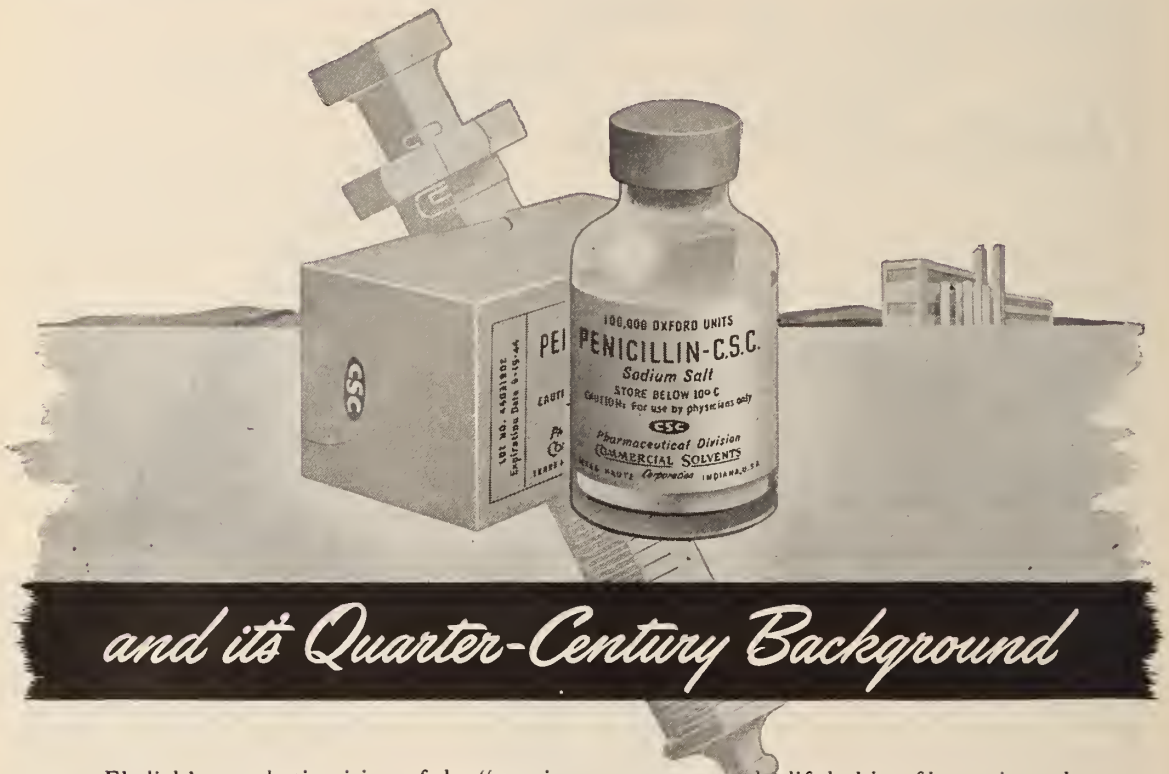
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PENICILLIN-C.S.C.



and its Quarter-Century Background

Ehrlich's prophetic vision of the "magic bullet" which would combine deadly efficacy against pathogenic bacteria with perfect compatibility in the human organism, approaches fulfillment in penicillin. Contrary to Ehrlich's expectation, this magic bullet is not a synthetic drug developed by a chemist—it results from the metabolism of a mold. Biologic production of a chemotherapeutic agent thus is now applied in the pharmaceutical field, a new approach.

Instead of the pure rationale of chemical formulas, the life habits of a microorganism are the controlling factor in the manufacture of penicillin; the chemist's important function here consists of guarding his microbian "workmen" and leading them to maximal production.

It is this type of work in which Commercial Solvents Corporation has been engaged since its beginning. For a quarter century, the life habits of bacteria and molds have been the study to which an ever increasing number of scientists in the C. S. C. Research Laboratories are devoting their lives. From their studies have come valuable products, such as butanol, acetone, vitamins, etc., achieved by exacting standards of sterility, an extremely important factor in the working of the highly sensitive microorganisms. What other manufactruer of any kind in the United States has had comparable experience in the application of microbiologic methods to mass production?

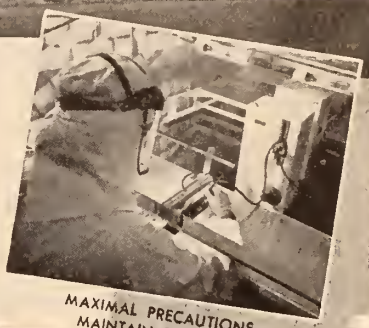
With the confidence born of this experience Commercial Solvents Corporation built, with its own funds, what now may well be the largest penicillin plant in the United States. It incorporates not only the fruits of 25 years of experience, but also the latest developments in the testing, handling, and packaging of a



product upon the integrity of which the physician so often may have to stake his patients' lives. Rigid laboratory controls assure for Penicillin-C. S. C. uniform potency, sterility, and freedom from pyrogens.

Thus Commercial Solvents Corporation brings to the manufacture of penicillin not only outstanding production facilities, but also the knowledge born of a quarter century of research and actual experience, in a field not only difficult but largely unexplored by the pharmaceutical industry in general.

The capacity of the C. S. C. penicillin plant is conservatively rated at 40,000,000,000 (forty billion) Oxford Units per month. But for the time being its entire production must go to our armed forces. When their needs are met, Penicillin-C. S. C. will be available for civilian medical practice, not only in adequate distribution throughout the United States, but also at the reasonable cost to the patient which is every physician's desire, and which is made possible by C. S. C. volume production.



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Only *hydro*choleretic action—as provided in Cholan DH—can provide the freest drainage; because—**First:** it increases hepatic secretion *two to four times* over. **Second:** it does so by increasing the volume of the *liquid menstruum*, without a proportionate increase in solid constituents—producing a really thin, *fluid* bile. **Third:** at the same time, it effectively evacuates the gallbladder. **Fourth:** it is the least toxic of all bile salts, bile acids, or their derivatives.

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Cholan DH is, of course, contraindicated in the presence of occlusive mechanical obstruction of the biliary tract—and should be employed with caution in acute yellow atrophy, acute hepatitis, eclampsia, progressive jaundice, and asthma.

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*Each serving made with 8 oz. of milk; based on average reported values for milk.


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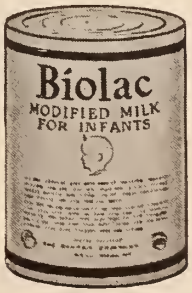
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Available carbohydrate 99%
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'Dexin' helps assure uncomplicated infant feeding. Its high dextrin content (1) diminishes intestinal fermentation and the tendency to colic and diarrhea and (2) promotes the formation of soft, flocculent, easily digested curds.

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'Dexin' reg. U. S. Patent Office

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and in that faith
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THE "RAMSES"* Diaphragm Introducer, designed after consultation with gynecologists, engages the rim of the "RAMSES" Flexible Cushioned Diaphragm at two points, shaping it into an elongated oval, thus enabling it to pass readily into the vagina. By providing complete control over the direction of travel, the "RAMSES" Diaphragm Introducer assures proper and accurate placement of the diaphragm.

1. The wide, blunt tip of the "RAMSES" Diaphragm Introducer is designed to prevent even the remote chance of accidental penetration of the uterus during insertion of the diaphragm.

2. Made of easily cleansed plastic, the "RAMSES" Diaphragm Introducer has no minute crevices to harbour bacterial growth—no sharp projections to cause possible vaginal injury.

3. The broad, rounded hooked end of the "RAMSES" Diaphragm Introducer—used for diaphragm removal—guards against possible entry into the urethra.

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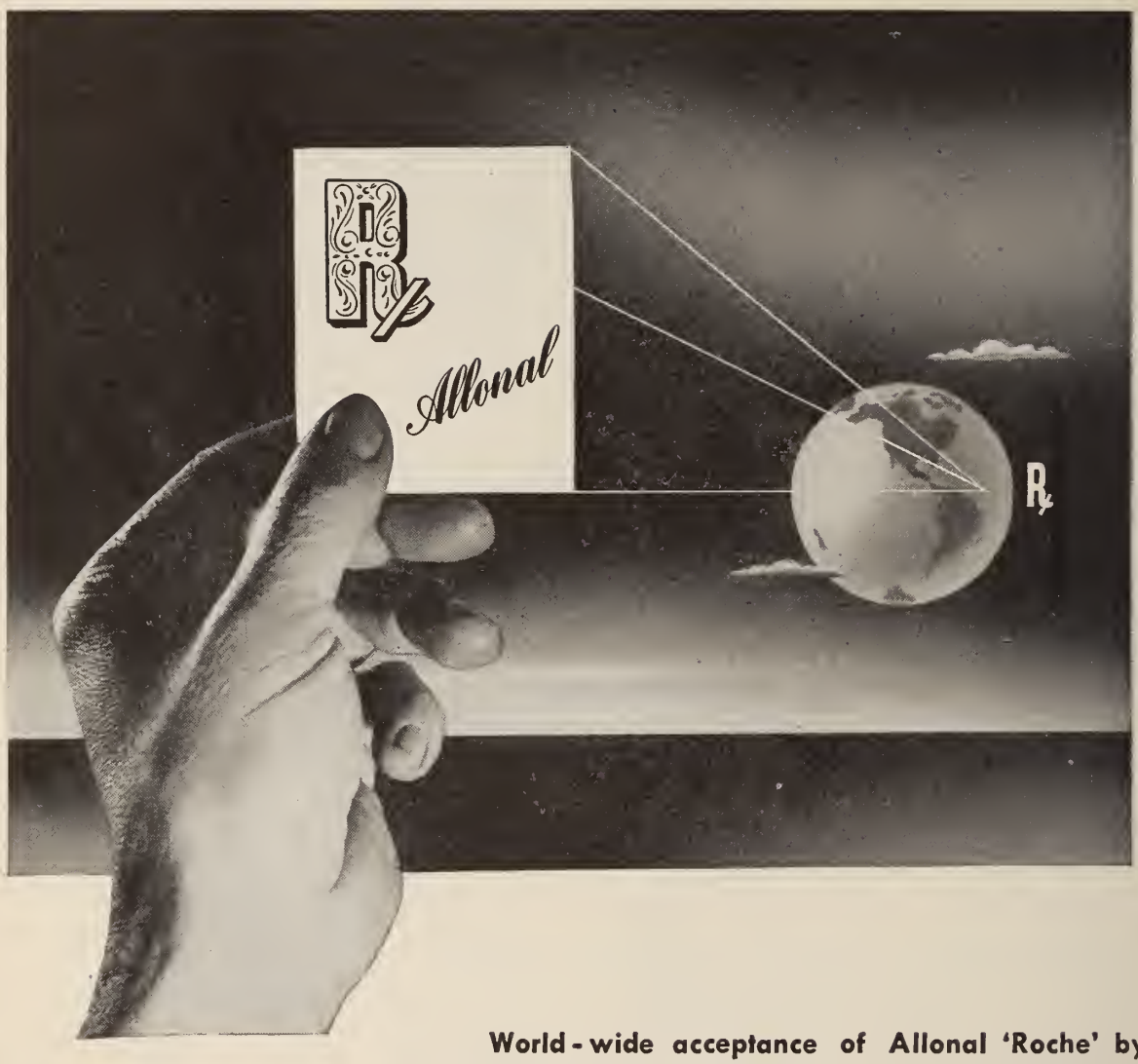
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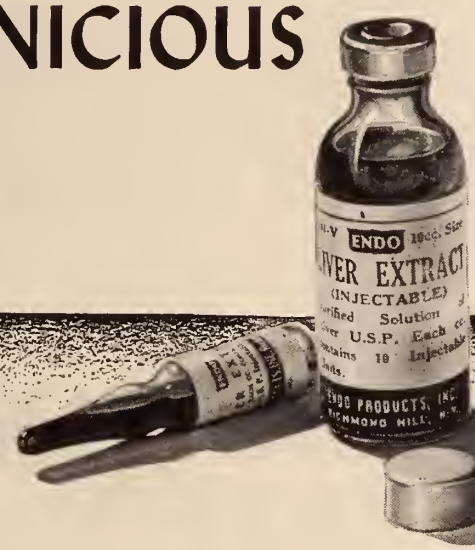
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for RAPID IMPROVEMENT *in*

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AMERICAN MEDICAL ASSN

It is authoritatively stated that, when refined liver extract is administered parenterally, its action is more rapid, and it is therapeutically equivalent to at least thirty times as much untreated or unrefined liver.

LIVER EXTRACT, Parenteral, ENDO conforms to U.S.P. standards for injectable liver extract. It is processed under rigid laboratory and manufacturing controls . . . is specific for pernicious anemia.

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ENDO



HOW SUPPLIED: **10 U.S.P. Injectable Units** (1cc. ampuls) boxes of 10, 25, and 100. Vials of 10cc. (100 Units) and 25cc. (250 Units). **5 U.S.P. Injectable Units** (1cc. ampuls) boxes of 10, 25, and 100. Vials of 10cc. (50 Units). **2 U.S.P. Injectable Units**—Vials of 10cc. (20 Units).

ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK



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SODIUM

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Step-by-step . . . first with bromides, then with phenobarbital . . . man has advanced toward control of epileptic seizures. His most recent contribution is Dilantin* Sodium, an effective anticonvulsant whose selective action almost completely avoids undesired sedative, hypnotic, or depressant effects. With the physician's skilful management of dosage and time of administration to meet the requirements of individual cases, Dilantin Sodium often provides control of seizures in patients not benefited by phenobarbital or bromides, enabling the epileptic patient to lead a more normal and useful life.

Recent price reductions, made possible by the expansion of manufacturing facilities, have appreciably lowered the cost of Dilantin Sodium therapy to your patients. Your pharmacist will be glad to advise you in this regard.

Dilantin Sodium (Diphenylhydantoin Sodium) is available in Kapseals* of 0.03 Gm. (½ grain), and 0.1 Gm. (1½ grain), in bottles of 100, 500, and 1000.



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Parke, Davis & Company, Detroit, Michigan



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2 cc. ampules . . in boxes of 12, 25 & 100
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(Division of Bristol-Myers)

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April 30—May 6



FOR A FULL WEEK, the leading pharmacies of the United States will concentrate their energies on promoting a child health program.

They will have special educational displays—they will talk to parents—they will encourage them to visit physicians for regular child health examinations and immunizations against the common diseases. All this effort will be directed toward stimulating parents to more active cooperation in child health measures.

As our share in this constructive program Lederle Laboratories has provided leading pharmacies with ethical, educational display materials. Our medical representatives will make sure that adequate stocks of immunizing products are on hand for your use.

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A UNIT OF AMERICAN CYANAMID COMPANY

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● They call it the hottest spot in war . . . the blistering gullet of a front-line tank. But medical officers don't hesitate . . . down they go to the casualties. Tough? Sure—but routine to the war doctor. Heroic risks, exhausting shifts; no special praise. He's thankful for "time off" now and then. Time for a friendly smoke . . . Camel preferably . . . the first choice of our men at war.

Camel, they say . . . for extra mildness, for rare good taste. Camel, for those precious moments of relaxation when a fighting man looks to his cigarette for richly earned comfort.



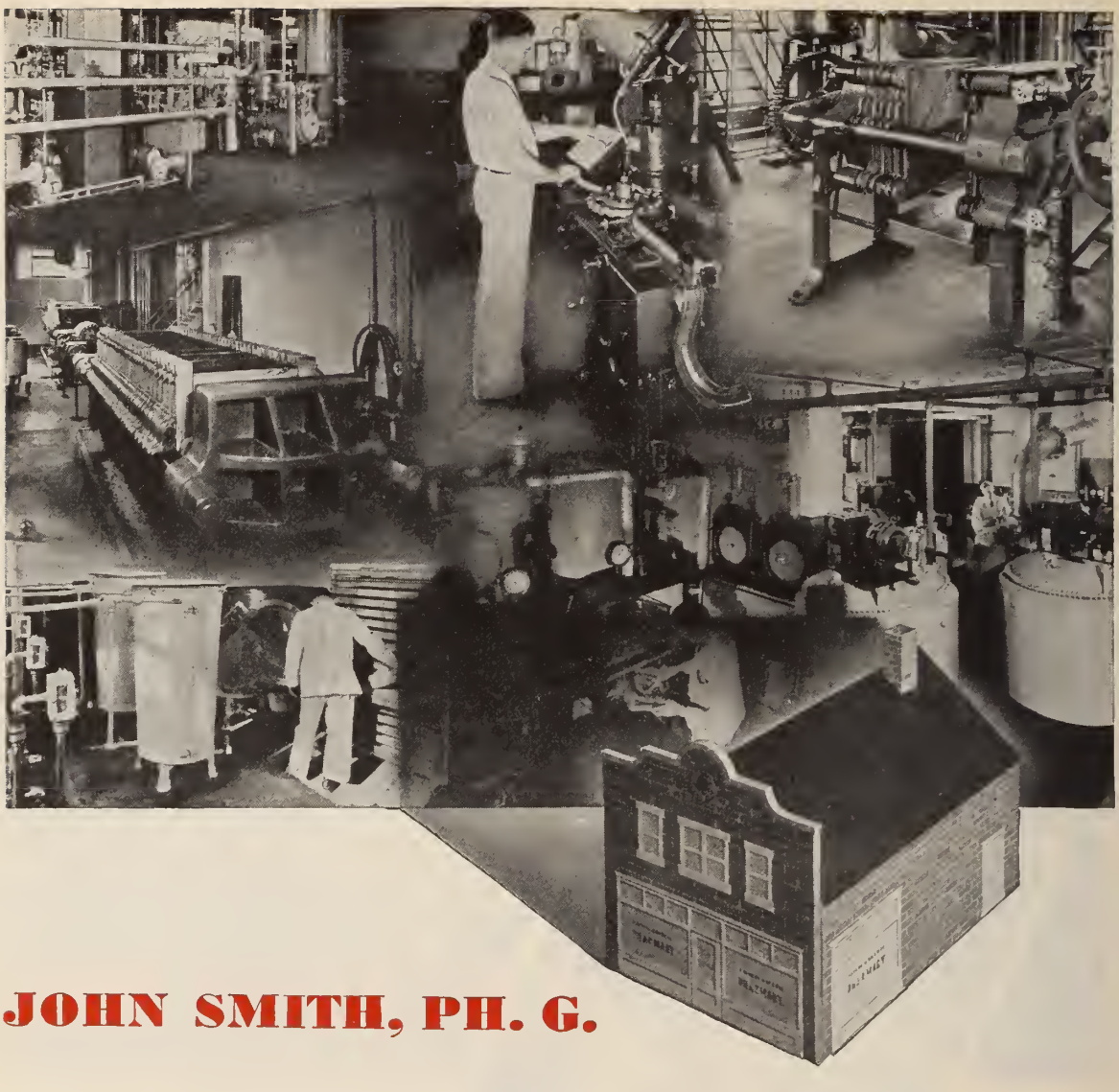
1st in the Service

With men in the Army, the Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

CAMEL *costlier tobaccos*

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

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As a matter of fact, Mr. Smith does make many preparations himself. But there are others which it is much more practicable to buy. For example, shortly after Mr. Smith opened his store in the early twenties, the medical press began to carry stories concerning a group of scientists in the East, who had found that the feeding of liver would produce new red blood cells. In a little while, Lilly medical service representatives were discussing liver extract with the medical profession.

The production and standardization of liver extract is but one of the many contributions Eli Lilly and Company has been privileged to make to medical practice and to the professional service of the Pharmacists Smith of the Nation.

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Lilly

BUY WAR BONDS FOR VICTORY

Volume 41
Number 4

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 476

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 4 April, 1944 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

1944 ANNUAL MEETING

The 178th Annual Meeting of The Medical Society of New Jersey will be held in the Claridge Hotel, Atlantic City, on April 25, 26 and 27.

This year plans have been made for a full three-day meeting, similar to those prior to last year. There will be commercial exhibits, meetings of the seven scientific sections, and two general sessions, one on Post-War Planning, and one on Voluntary Health Insurance. The annual banquet will be held on Wednesday evening with James E. Paullin, M.D., President of the American Medical Association, as the guest speaker. Following the banquet arrangements have been made for dancing.

One of the outstanding special events of the meeting will be the appearance of Don S. Knowlton, Captain, M.C., U.S. N.R. He will give a thrilling address on "Medicine with the Marines in Action". This address is well worth your trip to the meeting, and will inspire you. Don't fail to hear Captain Knowlton.

The Section Meetings give promise of being well attended this year. The Committees in charge have spent much time and thought in the selection of the speakers.

The General Sessions should attract the attention of every physician. The theme of these sessions is on matters of vital importance to each member of our Society. No practicing physician can afford to miss these meetings.

Finally, the House of Delegates. This represents a cross-section of every part of the State. At these meetings you will hear the reports of your officers and committees on the work that has been done during the year, and here policies will be formulated for succeeding years.

In these tense times, when you, on the home front, are putting your all into your work, trying to preserve the private practice of medicine, it is only fitting that these few days of relaxation and opportunity for study should be provided.

Let everyone make a special effort to attend the Annual Meeting. Bring the family. It may be your only chance for a vacation this year.

Ralph K. Hollinshed, M.D.,
President.

THE 178th ANNUAL MEETING

of

THE MEDICAL SOCIETY OF NEW JERSEY

Claridge Hotel, Atlantic City

April, 1944

OFFICIAL EVENTS

Monday, April 24, 1944

3:00 p. m.—Registration opens
All officers, delegates, members of component County Societies, guests, and exhibitors are requested to register at the Registration Desk in the Exhibit Hall on the Mezzanine Floor, immediately upon arrival.

8:00 p. m.—Board of Trustees' Meeting
Chart Room, 1st Floor

8:30 p. m.—Judicial Councilors' Meeting
East Lounge, Mezzanine Floor

Tuesday, April 25, 1944

9:00 a. m.—Registration opens

9:30 a. m.—Inspection of exhibits

10:00 a. m.—Motion Picture Theatre
Binnacle Room, 1st Floor

11:00 a. m.—House of Delegates
Cambridge Hall, Mezzanine Floor

1:00 p. m.—Auxiliary Executive Board Meeting
Solarium, 20th Floor

2:00 p. m.—General Session
Cambridge Hall, Mezzanine Floor

2:00 p. m.—Motion Picture Theatre
Binnacle Room, 1st Floor

4:00 p. m.—Auxiliary Tea
East Lounge, Mezzanine Floor

5:00 p. m.—Inspection of Exhibits

7:30 p. m.—Auxiliary Fellowettes' Dinner
Seaside Hotel

8:30 p. m.—Nominating Committee Meeting
Chart Room, 1st Floor

Wednesday, April 26, 1944

9:00 a. m.—Registration opens

9:30 a. m.—Inspection of exhibits

9:30 a. m.—Auxiliary Business Session
Solarium, 20th Floor

10:00 a. m.—Scientific Section Meetings:
Medicine
Cambridge Hall, Mezzanine Floor
Radiology
East Lounge, Mezzanine Floor
Pediatrics
Chart Room, 1st Floor
Eye, Ear, Nose and Throat
Binnacle Room, 1st Floor

10:00 a. m.—Reference Committee "A"
Room 105, 1st Floor

10:30 a. m.—State Board of Medical Examiners' Meeting
Claridge Room

10:30 a. m.—Reference Committee "B"
Room 206, 2nd Floor

11:00 a. m.—Reference Committee "C"
Room 207, 2nd Floor

11:30 a. m.—Reference Committee "D"
Room 219, 2nd Floor

12:30 p. m.—House of Delegates (election)
Cambridge Hall, Mezzanine Floor

1:00 p. m.—Joint Committee on Professional Relations Luncheon

1:00 p. m.—Committee on Maternal Welfare Luncheon

1:00 p. m.—American College of Chest Physicians, New Jersey Chapter, Luncheon

1:00 p. m.—Auxiliary Luncheon (Fee $2.50)
Dining Room, Mezzanine Floor

2:00 p. m.—Scientific Section Meetings:
Surgery
Cambridge Hall, Mezzanine Floor
Obstetrics and Gynecology
Chart Room, 1st Floor
Gastro-Enterology and Proctology
Binnacle Room, 1st Floor

2:00 p. m.—Reference Committee "E"
Room 105, 1st Floor

2:30 p. m.—Reference Committee "F"
Room 206, 2nd Floor

3:00 p. m.—Auxiliary Business Session
Solarium, 20th Floor

3:00 p. m.—Reference Committee on Constitution and By-Laws
Room 207, 2nd Floor

3:30 p. m.—Reference Committee on Miscellaneous Business
Room 219, 2nd Floor

4:00 p. m.—Reference Committee on Resolutions and Memorials
Room 105, 1st Floor

5:00 p. m.—Inspection of Exhibits

7:00 p. m.—President's Banquet (Fee $3.50)
Cambridge Hall, Mezzanine Floor
Planning for Medical Service in the Post-War Period
James S. Paullin, M.D., President, American Medical Association, Atlanta, Ga.

10:00 p. m.—Dance
Cambridge Hall, Mezzanine Floor

Thursday, April 27, 1944

9:00 a. m.—Registration opens

9:30 a. m.—Inspection of exhibits

10:00 a. m.—General Session
Cambridge Hall, Mezzanine Floor

10:30 a. m.—Auxiliary Executive Board Meeting
Solarium, 20th Floor

1:30 p. m.—House of Delegates
Cambridge Hall, Mezzanine Floor

GENERAL SESSIONS

Tuesday Afternoon, April 25, 1944

Cambridge Hall, Mezzanine Floor

Conducted by SIGURD W. JOHNSEN, M.D., Chairman, Medical Practice Committee, The Medical Society of New Jersey

2:00 p. m.

Post-War Planning
Louis H. Bauer, M.D., Chairman, Council on Medical Service and Public Relations, American Medical Association, Hempstead, N. Y.

2:30 p. m.

Post-War Medical Education
Robin C. Buerki, M.D., Dean, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

3:00 p. m.

A Country Doctor in Washington
Walter H. Judd, M.D., Member of the House of Representatives from the State of Minnesota, Washington, D. C.

3:30 p. m.

Question and Answer Period

Thursday Morning, April 27, 1944

Cambridge Hall, Mezzanine Floor

Conducted by RALPH K. HOLLINSHED, M.D., President, The Medical Society of New Jersey

10:00 a. m.

Can Voluntary Health Insurance Meet the Need?
Mr. E. A. van Steenwyk, Executive Director, Associated Hospital Service of Philadelphia, Philadelphia, Pa.

11:00 a. m.

The Marines Have Landed
Don S. Knowlton, Capt., M.C., U.S.N.R., Camp LeJeune, New River, N. C.

SECTION MEETINGS

Wednesday Morning, April 26, 1944

MEDICINE

CLARENCE W. WAY, Major, M.C., Chairman
EDWARD C. KLEIN, JR., M.D., U.S.N., Secretary
Cambridge Hall, Mezzanine Floor

10:00 a. m.

A. Diagnosis of Cardiac Abnormalities Through the Use of Positional Electrograms
Henry W. Christian, Lt. Col., M.C., Chief of Medical Service, England General Hospital, Atlantic City
Charles S. Morrow, Major, M.C., Assistant Chief of Medical Service and Chief of Cardiovascular Section, England General Hospital, Atlantic City

B. Bronchiogenic Carcinoma
Truman G. Schnabel, M.D., Professor of Medicine, University of Pennsylvania School of Medicine, Philadelphia, Pa.

C. The Diagnosis of the Continued Fevers Commonly Encountered in General Practice
George Morris Piersol, M.D., Professor of Medicine, The Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

D. Medical Treatment of Biliary Tract Disease
Martin E. Rehfuss, M.D., Professor of Clinical Medicine, and Sutherland Prevost Lecturer of Therapeutics, Jefferson Medical College, Philadelphia, Pa.

RADIOLOGY

H. AUSTIN VOGEL, M.D., Chairman
HARRY J. PERLBERG, M.D., Secretary
East Lounge, Mezzanine Floor

10:00 a. m.

Cancer of the Lip and Skin
William O. Wuester, M.D., Elizabeth

Discussion opened by:
Lyndon A. Peer, M.D., Newark
Bart M. James, M.D., Newark

PEDIATRICS

HAROLD F. TIDWELL, M.D., Chairman
SAMUEL BLAUGRUND, M.D., Secretary

Chart Room, First Floor

10:00 a.m.

A. Newer Aspects of Chemotherapy
Benjamin W. Carey, M.D., Assistant Director of Lederle Laboratories, Pearl River, N. Y.
Discussion opened by:
Ellis L. Smith, M.D., Belleville

B. Lipoidoses in Childhood
Murray H. Bass, M.D., Chief of Pediatric Service, Mt. Sinai Hospital, New York, N. Y.
Discussion opened by:
Lawrence C. V. duBusc, M.D., Elizabeth

EYE, EAR, NOSE AND THROAT

BRAYTON E. FAILING, M.D., Chairman
GEORGE P. MEYERS, M.D., Secretary

Binnacle Room, First Floor

10:00 a.m.

A. Rôle of Vitamins in Physiology of Vision
William H. Hahn, M.D., Newark

B. Oral and Ocular Manifestations of Head Trauma
Richard D. Swain, M.D., Newark

C. Infection of the Neck
Henry B. Orton, M.D., Newark

Wednesday Afternoon, April 26, 1944

SURGERY

LORRIMER B. ARMSTRONG, M.D., Chairman
JOHN COX, M.D., Secretary

Cambridge Hall, Mezzanine Floor

2:00 p.m.

A. The Incidence and Influence of Mediastinal Tumors and Cysts
W. Emory Burnett, M.D., Professor of Surgery, Temple University Medical School, Philadelphia, Pa.

B. The Nature and Treatment of Traumatic Shock in Man
Dickinson W. Richards, Jr., M.D., Professor of Clinical Medicine, Columbia University, New York, N. Y.

OBSTETRICS AND GYNECOLOGY

ROBERT A. MACKENZIE, M.D., Chairman
HOWARD C. CURTIS, M.D., Secretary

Chart Room, First Floor

2 p.m.

A. Analysis of One Hundred Puerperal Deaths in Essex County
Alfred Meurlin, M.D., East Orange

B. Some Aspects of the Abortion Problem
Hammell P. Shipps, M.D., Camden

C. The Rh Factor Application to Obstetrical Practice
Lyman Burnham, M.D., Englewood

D. Social Problems of Obstetrics and Gynecology
Alan F. Guttmacher, M.D., Associate Professor of Obstetrics and Gynecology, Johns Hopkins University Medical School, Baltimore, Md.

E. The Federal Aid Plan for Maternity and Infant Care
Julius Levy, M.D., Newark

GASTRO-ENTEROLOGY AND PROCTOLOGY

SIGURD W. JOHNSEN, M.D., Chairman
S. BERNARD KAPLAN, M.D., Secretary

Binnacle Room, First Floor

2:00 p. m.

A. Common Disorders of the Digestive Tract
Sigurd W. Johnsen, M.D., Passaic

B. Metabolic Disturbances Associated with Cancers of the Gastro-Intestinal Tract
George T. Pack, M.D., Assistant Clinical Professor of Surgery, Cornell University Medical College, New York, N. Y.

C. Gastro-Intestinal Problems in the Army
J. Edward Berk, Capt., M.C., Chief of Gastro-Intestinal Section, Tilton General Hospital, Fort Dix

D. Diagnostic Pitfalls in Proctology
Julius Gerendasy, M.D., Elizabeth

NOMINATING COMMITTEE

Tuesday Evening, April 25, 1944, 8:30 P. M.

Chart Room, First Floor

Chairman, THOMAS K. LEWIS, Junior Past-President

County	*Delegate*	*Alternate*
ATLANTIC	D. Ward Scanlan	David B. Allman
BERGEN	Harrison B. Wilson	Chester A. King
BURLINGTON	Edgar J. Haines	George T. Tracy
CAMDEN	Thomas B. Lee	David F. Bentley, Jr.
CAPE MAY	Clarence W. Way	George F. Dandois
CUMBERLAND	H. Burton Walker	H. Garrett Miller
ESSEX	H. Roy Van Ness	William H. Areson
GLOUCESTER	Baxter A. Livengood	Wendell J. Burkett
HUDSON	James F. Norton	J. Lawrence Evans
HUNTERDON	Samuel B. English	Austin H. Coleman
MERCER	Harry R. North	D. Leo Haggerty
MIDDLESEX	Joseph H. Kler	Charles F. Merrill
MONMOUTH	William G. Herrman	Otto R. Holters
MORRIS	Bernard C. McMahon	Byron G. Sherman
OCEAN	Adolph Towbin	Abraham Goldstein
PASSAIC	Sigurd W. Johnsen	Charles J. Murn
SALEM		
SOMERSET	Lewis C. Fritts	
SUSSEX	Victor E. Burn	Joseph G. Coleman
UNION	Watson B. Morris	Thomas J. Walsh
WARREN	Floyd A. Shimer	

REFERENCE COMMITTEES

Reference Committee "A" to consider reports of:
The President
The President-Elect
The Board of Trustees
The Secretary
The Judicial Council
The Acting Executive Officer
The Special Committee on Social Security

Frederic W. Lathrop, Chairman..Union County
Royal A. Schaaf .....Essex
Harrison B. Wilson .....Bergen
Reeve L. Ballinger .....Hudson
William Spickers .....Passaic

Meets Wednesday, April 26, 1944, 10:00 a. m.
Room 105, 1st Floor

Reference Committee "B" to consider reports of:
The Treasurer
The Finance and Budget Committee
The Publication Committee

Chester I. Ulmer, Chm.....Gloucester County
Daniel F. Remer .....Burlington
Edward W. Sprague .....Essex
Thomas McG. Brennock .....Hudson
Albert B. Kump .....Cumberland

Meets Wednesday, April 26, 1944, 10:30 a. m.
Room 206, 2nd Floor

Reference Committee "C" to consider reports of:
The Medical Service Administration
The Medical-Surgical Plan
Sigurd W. Johnsen, Chairman..Passaic County
James F. Norton .....Hudson
J. Wallace Hurff .....Essex
Samuel Barbash .....Atlantic
H. Wesley Jack .....Camden

Meets Wednesday, April 26, 1944, 11:00 a. m.
Room 207, 2nd Floor

Reference Committee "D" to consider reports of:
The War Participation Committee
The Post-Graduate Education Committee
The Scientific Work Committee
The Medical Defense and Insurance Committee
The State Board of Medical Examiners
The Procurement and Assignment Service

David B. Allman, Chairman....Atlantic County
Harry N. Comando .....Essex
William H. Varney .....Warren
William E. Dodd .....Ocean
S. Emlen Stokes .....Burlington

Meets Wednesday, April 26, 1944, 11:30 a. m.
Room 219, 2nd Floor

Reference Committee "E" to consider reports of:
The Welfare Committee
The Subcommittees to the Welfare Committee
The Advisory Committees to the Subcommittees of the Welfare Committee
The Special Committee on the Medical Care Program for Wives and Children of Enlisted Men

Marcus H. Greifinger, Chairman..Essex County
Robert A. MacKenzie .....Monmouth
Barclay S. Fuhrmann .....Hunterdon
Ralph J. Faulkingham .....Middlesex
Hammell P. Shipps .....Burlington

Meets Wednesday, April 26, 1944, 2:00 p. m.
Room 105, 1st Floor

Reference Committee "F" to consider reports of:
The Annual Meeting Committee
The Subcommittee on Scientific Program
The Delegates to the A. M. A.
The Advisory Committee to the Woman's Auxiliary
Wendell J. Burkett, Chm....Gloucester County
Albert W. Pigott .....Somerset
Joseph G. Coleman .....Sussex
Theodore K. Graham .....Passaic
H. Roy Van Ness .....Essex

Meets Wednesday, April 26, 1944, 2:30 p. m.
Room 206, 2nd Floor

Reference Committee on Constitution and By-Laws
Samuel Alexander, Chairman.. Bergen County
D. Ward Scanlan .....Atlantic
Vincent P. Butler .....Hudson
George F. Dandois .....Cape May
Samuel Blaugrund ..... Mercer

Meets Wednesday, April 26, 1944, 3:00 p. m.
Room 207, 2nd Floor

Reference Committee on Miscellaneous Business to also consider:
Place and Date of 1945 Annual Meeting
David W. Green, Chairman.....Salem County
H. Burton Walker .....Cumberland
Joseph R. Morrow .....Bergen
Francis C. Weber .....Essex
Baxter A. Livengood .....Gloucester

Meets Wednesday, April 26, 1944, 3:30 p. m.
Room 219, 2nd Floor

Reference Committee on Resolutions and Memorials to also consider report of:
The Committee on Honorary Membership
Samuel A. Cosgrove, Chm..... Hudson County
D. Leo Haggerty .....Mercer
F. Clyde Bowers .....Morris
Lorrimer B. Armstrong .....Union
Frank L. Field .....Somerset

Meets Wednesday, April 26, 1944, 4:00 p. m.
Room 105, 1st Floor

Reference Committee on Credentials
Joseph F. Londrigan, Chm.....Hudson County
Alfred Stahl, Secretary, Ex-officio.....Essex
George J. Young, Treasurer, Ex-officio Morris
Meets each morning at the Registration Desk

SCIENTIFIC MOTION PICTURE THEATRE

Tuesday, April 25, 1944

Binnacle Room, First Floor

(All films in sound and color.)

10:00 a.m.

A Clinic on Chronic Otitic Purulencies
The Auralgan Research Division of The Doho Chemical Corporation, New York, N. Y.

This film shows the various types of lesions all of which have one symptom in common, namely the chronically discharging ear. The differential diagnostic data is picturally depicted. The underlying pathology denoted, and the therapy, both operative and non-operative, denoted. The surgical procedures of radical tympanomastoidectomy are shown. The estimations of loss of hearing acuity due to the lesion, and following surgery is demonstrated. The presentation of the topic is pictured on actual patients in the hospital's out-patient department. The film is a dramatization of the subject with animated diagrams, specimens and patients' records.

10:40 a.m.

Syphilis

New Jersey State Department of Health, Trenton

A motion picture produced by the United States Public Health Service and shown under the auspices of the New Jersey State Department of Health. A sound picture in full color with many excellent scenes of syphilis lesions and depicting techniques of diagnosis and treatment. The first reel deals with the diagnosis of early syphilis; the second with the diagnosis of latent and late syphilis; and the third with treatment, epidemiology, and prophylaxis. This film is available for showing to medical groups anywhere in New Jersey; such showings are attended by a medical consultant of the State Health Department to answer questions.

11:30 a.m.

Suppurative Petrositis, Meningeal
The Auralgan Research Division of The Doho Chemical Corporation, New York, N. Y.

The symptoms of the patient are shown pictorially, with animated charts of the laboratory and clinical findings. Each operative procedure is indicated; when and why undertaken, and the results obtained from each step, with the final outcome in complete recovery. The case-history runs almost the whole gamut of the course of a suppurative petrositis, with the onset of this lesion's usual terminal clinico-pathological picture. The stress for minimal surgery to meet current imperative indications at each phase of the clinical development unrolls itself, and thus the film teaches the story of the management and therapy of acute suppurative petrositis.

2:00 p.m.

A Dry Clinic on Sinus Thrombosis

The Auralgan Research Division of The Doho Chemical Corporation, New York, N. Y.

The film covers the entire subject of otitic sinus thrombosis. The anatomy, genesis of the lesion, symptomatology and operative therapy are presented as they occurred in an actual case. The presentation is augmented by the use of diagrams, animations and models. It presents an actual case and each step as the case develops is demonstrated by pictures, diagrams and animations. Laboratory tests are given and explained and shown in the pictures. It is a dramatization of the lecture on the topic.

2:45 p.m.

Syphilis

New Jersey State Department of Health, Trenton

3:40 p.m.

A Clinic on Chronic Otitic Purulencies
The Auralgan Research Division of The Doho Chemical Corporation, New York, N. Y.

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

SEVENTEENTH ANNUAL MEETING

OFFICIAL EVENTS

Tuesday, April 25, 1944

10:00 a.m. — Registration — Luncheon and Dinner Tickets
Exhibit Hall, Mezzanine Floor

1:00 p.m.—Executive Board Meeting
Solarium, 20th Floor

4:00 p.m.—Tea honoring National Auxiliary President
East Lounge, Mezzanine Floor

7:30 p.m.—Fellowettes' Dinner
Seaside Hotel

Wednesday, April 26, 1944

9:30 a.m.—Business Session
Solarium, 20th Floor

1:00 p.m.—Luncheon honoring Auxiliary President (Fee $2.50)
Dining Room, Mezzanine Floor

3:00 p.m.—Business Session, continued
Solarium, 20th Floor

7:00 p.m. — Banquet honoring Medical Society President (Fee $3.50)
Cambridge Hall, Mezzanine Floor

10:00 p.m.—Dance
Cambridge Hall, Mezzanine Floor

Thursday, April 27, 1944

10:30 a.m.—New Executive Board Meeting
Solarium, 20th Floor

EDUCATIONAL EXHIBITS

Mezzanine Floor

Medicine in War Time
Library of the Academy of Medicine of Northern New Jersey, Newark

The booth will have some books pertaining to War Medicine, with posters on the contributions of the Allied Nations to medicine, and some recent literature on war conditions and the newer drugs and therapies being used in war practice. We hope it will call to physicians' attention literature which they have not seen, and that we are able to supply this literature.

The New Jersey Formulary, Economical Non-Proprietary Medications
Joint Committee on Pharmaceutical Problems, Trenton

An exhibit which summarizes the results achieved during the past decade by the joint efforts of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association in meeting the demands of practitioners for prescription formulae of inexpensive medications which comply with modern therapy and to replace similar widely accepted, highly priced proprietaries. The exhibit demonstrates the wide range of therapeutics covered in the formulae of N. J. F. IV. It should provoke the attention of every physician whose interest in his patients' welfare indicates the necessity of prescribing most modern types of medications at costs within keeping of their true value, and in curbing the fast-growing evil of public self-medication resulting from the use of easily deciphered coined trade-named proprietaries.

Child Care Programs in New Jersey
Office of Civilian Defense, Trenton

The Child Care Center Exhibit will include a Spot Map showing (1) labor shortage, (2) Child Care Committee Chairmen of the local Offices of Civilian Defense in these areas, (3) Child Care Centers operating under Lanham Act funds in these areas. There will be pictures to show the nursery school program as well as the school-age program. Samples of articles made by pupils using the child care centers in New Jersey will also be exhibited. Pamphlet material and bulletins will be exhibited which are helpful to communities organizing child care programs or who already have child care programs in operation.

Maternal Welfare

Committee on Maternal Welfare

The Committee on Maternal Welfare presents its annual exhibit of maps showing maternal mortality rates for the State and each county, mortality rates for the principal causes of death in this group, and graphs showing the principal contributing causes of death. The Committee was appointed in 1931 and its purpose has been to lower the maternal mortality rate by raising the standards of prenatal, delivery, and post natal care through lectures, conferences, and publicity; and by improving facilities and supervision in the hospitals. The details of the Twelve-Point Program of the Committee are carried out through the field physicians, one in each county, and the County Committees on Maternal Welfare. The maternal mortality rate was 59 per 10,000 live births in 1931 and in 1942 it was 19, a gratifying result.

Clinical, Electrocardiographic and Pathologic Correlation of Certain Common Cardiac Conditions

Committee on Industrial Health and Hygiene

TECHNICAL EXHIBITS

Mezzanine Floor

Technical Exhibitors will show you what is available under their restrictions this year. Be sure to register at their booths when you visit the Annual Meeting and carefully look over their material so that you will know what you can get in these strenuous times. There will be, no doubt, many new things in which you will be interested. Most of these exhibitors have been with us each year and you will find personal friends who have served you faithfully in the past and will continue to do so for the duration. You will need their help and you can help them by this show of interest.

COMMITTEE ON ANNUAL MEETING.

Booth 1—S. M. A. Corporation, Chicago, Ill.—The exhibits of the convention contain a display by S. M. A. Corporation giving information on infant feeding and scientific vitamin products. *Caritol-Smaco,* a new stabilized vitamin A preparation, and Elixir *Ribranex Smaco,* a delicious tasting B-complex product, will be presented. Literature especially designed for the busy practitioner is available.

Booth 2—Petrogalar Laboratories, Inc., Chicago, Ill.—Physicians are invited to the Petrogalar exhibit at Booth No. 2. Interesting details on Petrogalar, an aqueous suspension of mineral oil of constant uniformity and excellent palatability, will be related. Petrogalar representatives will gladly furnish anatomical drawings and literature on constipation. This scientific material has been especially developed for the busy practitioner.

Booth 3—Ciba Pharmaceutical Products, Inc., Summit, N. J.—Physicians are cordially invited to visit Booth No. 3 where a Ciba representative will answer questions regarding Ciba specialties, and discuss in detail our newest preparations: *Privine Hydrochloride,* a powerful nasal vasoconstrictor with a prolonged action, a product which has already gained considerable recognition in its field; and *Metandren Linguets,* newest form of metandren, most potent androgen available for oral use. Clinical investigation indicates that this method of sublingual administration results in greater potency.

Booth 4—Hanovia Chemical and Manufacturing Company, Newark, N. J.—A complete line of self-lighting ultraviolet lamps will be on display for orificial and body applications. Inquire about Hanovia's new Ultraviolet Safe-T-Aire Lamps for the destruction of air-borne microörganisms. Readily adaptable for your office and waiting room. Competent representatives on hand to greet you and be of whatever service they can.

Booth 5—Philip Morris & Co., Ltd., Inc., New York, N. Y., will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Booth 6—Holland-Rantos Company, Inc., New York, N. Y.

Booth 7—Sharp & Dohme, Inc., Philadelphia, Pa., will have their display at Booth No. 7, featuring their new sulfonamide, Sulfamerazine, and also "Sulfasuxidine", "Lyovac" Normal Human Plasma, Tyrothricin Concentrate (Human), "Depropanex", "Delvinal" Sodium, "Propadrine" Hydrochloride products and "Lyovac" Tetanus Antitoxin, Bovine. Capable, well-informed representatives will be on hand to welcome all visitors and furnish information on Sharp & Dohme products.

Booth 8—The Chas. H. Phillips Co. Division, New York, N. Y.—*Phillips' Milk of Magnesia* (liquid and tablet forms) and *Haley's M-O*—standards in the field of alkaline laxative therapy—will feature the exhibit of The Chas. H. Phillips Co. Division. Physicians are invited to visit Booth No. 8 to receive samples of these famous products.

Booth 9—Faulhaber & Heard, Inc., Newark, N. J.—Any member who desires information in connection with professional liability protection, a feature of membership, can obtain full particulars at Booth No. 9, maintained by Faulhaber & Heard, Inc., the official broker of The Medical Society of New Jersey. Physicians contemplating entering military service or those resuming private practice following military service, are advised to call at this booth for particulars regarding adjustments to be made in their professional liability contracts.

Booth 10—E. & W. Blanksteen, Jersey City, N. J.—The Accident and Health Insurance Program of the Medical Society of New Jersey has made more rapid progress in the past year than it has in the previous ten years. This is due to the new non-cancellable group plan of accident and health insurance by County Medical Societies that has been put into operation by the National Casualty Company with the State Society's endorsed Physicians Special Policy, under the management of E. and W. Blanksteen, the authorized representatives, of 76 Montgomery Street, Jersey City, New Jersey.

Booth 11—C. B. Fleet Company, Incorporated, Lynchburg, Va.—This exhibit will feature Phospho-Soda (Fleet), which has been an ethical product for over half a century. This is a pure, stable, aqueous concentrate of the two U. S. P. sodium phosphates. It is indicated in hepatic and gall-bladder dysfunctions and whenever a thorough eliminating action is desired. It possesses rapidity and mildness of action, with marked absence of nausea, griping or tenesmus.

Booth 12—Burroughs Wellcome & Co., Inc., New York, N. Y., presents a representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession.

Booth 13—Bilhuber-Knoll Corp., Orange, N. J. —Visit our exhibit for the latest information on our "Council Accepted" medicinal chemicals such as, Metrazol in heart block and as an analeptic, and Theocalcin in rheumatic heart diseases. Mr. S. A. Delaney, in charge, will welcome your discussions on these and our other every-day prescription chemicals.

Booth 14—Cameron Surgical Specialty Company, Chicago, Ill.—See the Cameron Flexible Gastroscopes and Cavicamera, the new Cameron Coagulo-Sigmoidoscope, Bronchoscopes, Esophagoscopes, Laryngoscopes, Binocular Prism Loupe, Mirrolite, Magniscope and other new developments in electrically lighted Diagnostic and Operating Instruments. Electro Surgical Units will also be on display. New York Sales Agent, 250 W. 57th Street, New York City.

Booths 15 and 16—Mead Johnson & Company, Evansville, Ind.—"Servamus Fidem" means We Are Keeping the Faith. Almost every physician thinks of Mead Johnson & Company as the maker of Dextri-Maltose, Pablum, Oleum Percomorphum, and other infant diet materials—including the new precooked oatmeal cereal, Pabena. But not all physicians are aware of the many helpful services this progressive company offers physicians. A visit to Booths Nos. 15 and 16 will be time well spent.

Booth 17—White Laboratories, Inc., Newark, N. J.—At the White Laboratories' Booth No. 17 you will find interesting copies of a series of pub-

lications under the general title "Diagnostic Aids to Vitamin Deficiency Conditions". Medical Service Representatives in attendance will be very glad to discuss these with you. The latest clinical reports on results of the use of White's Vitamin A and D Ointment in the treatment of burns and various types of ulcers will also be available. This is a product which you will undoubtedly find of great interest.

Booth 18—The Mennen Company, Newark, N. J., will exhibit their complete line of Baby Products—Antiseptic Baby Oil and Powder, as well as their Men's Shaving and After Shave Products.

Booth 19—Pet Milk Sales Corporation, St. Louis, Mo.—A complete display of material illustrating the time-saving Pet Milk services available to physicians. Specially trained representatives will be in attendance to give you information about the production of Pet Milk and its use for infant feeding. Miniature cans will be given to physicians visiting the exhibit.

Booth 20—The C. V. Mosby Company, St. Louis, Mo.—A cordial invitation is extended to visit Booth No. 20, where a complete line of medical publications will be displayed by the C. V. Mosby Company. Mr. Fred Ganschow, who will be in charge of our exhibit, will be glad to go over our line with you.

Booth 21—Lea & Febiger, Philadelphia, Pa.—At Booth No. 21, Lea and Febiger will exhibit among their new works Lewin on Backache and Sciatica, Lichtman on the Gallbladder, Dyke and Davidoff's "Roentgen Treatment of Diseases of the Nervous System", Moon on Shock, and Moritz's Pathology of Trauma. New editions will be shown of Gray's Anatomy, Bell's Pathology, Rhinehart's "Roentgenographic Technique", Craig and Faust's "Clinical Parasitology", Kraines' "Therapy of the Neuroses and Psychoses", Ballenger on the Ear, Nose and Throat, Ballenger's Manual, Ormsby and Montgomery on the Skin, Levinson and McFate's "Clinical Laboratory Diagnosis" and Laboratory Methods of the United States Army with other standard works.

Booths 22 and 23—Camel Cigarettes. New York, N. Y., will exhibit large, detailed photographs of equipment used in comparative tests of the five largest-selling brands of cigarettes. Dramatic visualization of nicotine absorption in the human respiratory tract from cigarette smoke will be demonstrated. International news with the *Camel* Cigarette Trans-Lux "Flash Bulletins" may be seen while enjoying a supply of slow-burning *Camel* Cigarettes.

Booth 24—The Borden Company, New York, N. Y.—Borden's distinctive formula foods, scientifically designed for infants, are on display at Booth No. 24. Visit us there to see our complete line—*Biolac, Dryco, Mull-Soy, Beta Lactose, Klim,* and *Merrell-Soule Powdered Milks.*

Booth 25—"The 'Junket' Folks", Chr. Hansen's Laboratory, Inc., Little Falls, N. Y.—Enlarged photos illustrate graphically the action of the rennet enzyme in forming softer, finer milk curds. Display of "Junket" Brand Food Products. Free literature describes dietary uses of rennet-custards in infant, child, convalescent, or post-operative feeding. Well-informed attendant on duty at all times.

Booth 26—Schering Corporation, Bloomfield, N. J., in line with their policy of bringing out the latest in endocrine research, is featuring the new estrogenic product—*Estinyl* Tablets. *Estinyl,* a derivative of the natural hormone alpha-estradiol, is most economical and is orally effective in dosage of .02 and .05 mg. It produces very little nausea and toxic side effects. Other Schering preparations on display will be *Oreton-F* Pellets, *Oreton, Oreton-M* Tablets, *Progynon-B, Pranone, Proluton,* and *Cortate,* and the diagnostic products for X-Ray—*Neo-Iopax* and *Priodax.*

Booth 27—Parke, Davis & Company, Detroit, Mich.—You will find displayed at the Parke-Davis Booth many outstanding Pharmaceuticals and Biologicals. Included in this Technical Exhibit are such noteworthy products as *Phemerol,* a new type of germicide and antiseptic; *Adrenalin Prepartions; Mapharsen; Theelin; Despeciated Antitoxins;* also other therapeutic agents of current interest. You are cordially invited to visit this exhibit.

Booth 28—Devereux Schools, Devon, Pa.—The exhibit is designed to acquaint physicians with the facilities which are available, in eleven separate school units, for children with educational or emotional difficulties. Full information may be obtained from representatives regarding the type of children who are accepted, the teaching techniques, and medical and psychiatric care which are available.

Booth 29—Endocrine Food Company, Union City, N. J.—On display our new high potency B-Complex formulas, featuring BeCoPlex, BeCo-C, and BeCoFerric tablets; and BeCoJection for parenteral administration. Also our complete line of other Specialized Endocrine and Vitamin products.

Booth 30—Eli Lilly and Company, Indianapolis, Ind.—The Lilly exhibit will feature an anatomical model illustrating the technics of caudal and spinal anesthesia. Lilly products will be on display, and medical service representatives will be present to assist visiting physicians in every possible way.

Booth 31—H. J. Heinz Company, Pittsburgh, Pa., wishes to acquaint you with 11th edition *Nutritional Chart, Nutritional Observatory* and *Special Dietary Foods Book.* Special feature—*Your Baby's Diary and Calendar.* Physicians practicing pediatrics and those prescribing soft diets will be especially interested in Henz Strained and Junior Foods and our new Pre-Cooked Cereal Food.

Booth 32—Lederle Laboratories, Inc., New York, N. Y.—Lederle Laboratories, Inc., will exhibit, at Booth No. 32 the following well-known Lederle products: Vi-Magna Lentabs (multi vitamins), Vitamin B Complex and other Lederle vitamin products, Vi-Ferrin, Tuberculin Patch Test (Vollmer), Rhulitol (for poison ivy), and the hay fever products, including the new one, Polligens.

Booth 33—The Doho Chemical Corporation, New York, N. Y.—*Animated Pathological Ear Exhibit.* The Auralgan Exhibit consists of a model of the human auricle four feet high together with a series of twenty-four three dimensional ear drums, modelled under the supervision of outstanding otologists. Each of these drums depict a different pathologic condition based upon actual case observation and prepared, in so far as possible, with strict scientific accuracy so as to be highly instructive and interesting to all physicians.

Booth 34—E. R. Squibb and Sons, New York, N. Y.—Physicians attending the Annual Meeting of The Medical Society of New Jersey are cordially invited to visit the Squibb Exhibit, Booth No. 34. Several new items will be shown. Among them is Intocostrin, the standardized Purified Curare Extract now widely used to soften convulsion in shock therapy; a new, highly useful therapeutic multivitamin preparation; a sulfathiazole-ephedrine-derivative combination for ophthalmic use.

Booth 35—Merck & Co., Inc., Rahway, N. J.—Penicillin, the drug of greatest potential interest today, will be the main subject of the Merck exhibit. Literature will be available. The display will illustrate the growth of the mold, *Penicillium Notatum,* the method of its assay, and other interesting features. Other products which the Merck representatives will be pleased to discuss with you are Tryparsamide for neurosyphills; the inhalation anesthetic, Vinethene; Erythrol Tetranitrate for hypertension; Myochrysine for rheumatoid arthritis; and Pyridium, for symptomatic relief in genito-urinary infections.

Booth 36—John Wyeth and Brother, Division Wyeth Incorporated, Philadelphia, Pa.—You are cordially invited to visit the Wyeth exhibit where Amphojel, Phosphaljel, Bepron and B-Plex will be featured and other Pharmaceutical Specialties.

Booth 37—Gerber Products Company, Fremont, Mich.—Gerber's *Cereal Food* and *Strained Oatmeal* are enriched and precooked. We invite your inspection of the literature and the display of the Gerber Foods.

TRAINS

Trains on the P. R. R. leave as follows:

Jersey City	8:51 a.m.	10:03 a.m.	10:53 a.m.	11:53 a.m.	3:03 p.m.	6:48 p.m.
Newark	9:15 a.m.	10:30 a.m.	11:15 a.m.	12:15 p.m.	3:30 p.m.	7:15 p.m.
Elizabeth		10:38 a.m.				
New Brunswick		10:54 a.m.		12:37 p.m.	3:52 p.m.	7:37 p.m.
Trenton	10:00 a.m.	11:23 a.m.	12:03 p.m.	1:01 p.m.	4:22 p.m.	8:05 p.m.
North Philadelphia	10:47 a.m.		12:44 p.m.	1:48 p.m.		8:52 p.m.
Haddonfield		12:12 p.m.	1:05 p.m.	2:08 p.m.	5:12 p.m.	9:13 p.m.
ARRIVE IN:						
Atlantic City	12:00 noon	1:05 p.m.	1:57 p.m.	3:13 p.m.	6:04 p.m.	10:10 p.m.

Trains leave Atlantic City at:

7:30 a.m., 8:30 a.m., 9:10 a.m., 10:30 a.m., 1:40 p.m., 3:00 p.m., 4:35 p.m., 6:35 p.m., and 10:00 p.m.

ATLANTIC CITY HOTELS

Claridge
Columbus
Crillon
Glaslyn Chatham
Jefferson
Madison
Marlborough Blenheim
Senator
Shelburne

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1944

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NEW NAVY AGE LIMITS

Raising from 50 to 55 of the maximum age at which specialists can be accepted in the Medical Corps of the United States Navy was announced recently by Captain Kenneth G. Castleman, USN (Ret.), Director of Naval Officer Procurement, Third Naval District.

He also announced that the Navy will accept for "limited shore duty, only" certain physicians who cannot meet the regular naval physical requirements. These doctors will be commissioned and assigned to duty at dispensaries, navy yards, naval training stations and naval and Marine Corps recruiting stations. By filling these berths they will be making available for sea and foreign assignment physically and otherwise qualified medical officers now detailed to shore duty.

Physicians seeking commissions in the Naval Medical Corps can apply at the Office of Naval Officer Procurement, 33 Pine Street, New York City.

THE MEDICAL SOCIETY OF NEW JERSEY ANNUAL REPORTS TO THE HOUSE OF DELEGATES

April 25-27, 1944

PRESIDENT

Ralph K. Hollinshed, M.D., Westville

Referred to Reference Committee "A"

Because of the integration of the duties of the President with the activities of the Board of Trustees, the various committees, and the Executive Offices, much of the work done by the President will be covered in their respective reports.

With this in mind, I will endeavor to report in broad terms some of the things that have impressed me this year.

The passing of Dr. Marsh has left a void in The Medical Society of New Jersey. His long years of faithful service came to an untimely end on September 11th, 1943. We have missed his kindly presence and his sound, logical advice in our deliberations.

The Scientific Research Fund, which was started at the suggestion of Dr. Marsh, has not received much attention this year because of war conditions. A start has been made, however, and it is hoped that this fund will receive the impetus it needs at the proper time.

As suggested by Dr. Marsh, watchful consideration was given to the proposed Essex College of Medicine and Surgery. It was finally decided by the Board of Trustees, after careful discussion of all the facts regarding the proposed College, that The Medical Society of New Jersey would not participate with this group in trying to establish a Medical College in New Jersey.

Dr. Marsh also urged watchful consideration of the reorganization of the State Board of Health. This has also been done and what has been accomplished will be presented to the House of Delegates in the report of the Welfare Committee.

In my report as President-Elect I suggested an active Public Relations Program. The work that has been done will be shown in the report of the Committee.

It was also suggested that the War Participation Committees assume the responsibility of assuring adequate medical care within their respective counties. This, I think, has been accomplished without having to call outside assistance.

Continued moral and financial support has been given the Medical Service Administration. In their report the Medical Service Administration will tell what is being done to provide means of payment for medical services rendered people of modest income.

Active support from the State and County Societies was solicited in behalf of the Medical-Surgical Plan. Special mention should be made of the earnest efforts of the Special Committee of the Board of Trustees to work out a solution of the problems facing the Medical-Surgical Plan. It now seems that the problems are soluble. Many hours have been spent by the Committee in bringing this about.

The matter of Post-Graduate Education is in the stage of evolution. Progress is being made, although, because of war-time conditions, the efforts of this committee have been greatly hampered.

The program of the State Department of Health in sponsoring a course on Tropical Diseases fits in very well with our suggestion for efforts to be made in the prevention of post-war epidemics.

The socio-economic problems are being studied by the Medical Practice Committee and will be partly covered in their report.

Just what progress has been made toward establishing laboratories in various rural communities for patients of the low-income group will be covered in the report of the Public Health Committee. This problem has been discussed; however, there are many difficulties that will have to be overcome before they can be established.

The activities of the President in regard to the Annual Meeting will be covered in the reports of the Annual Meeting Committee and the Acting Executive Officer.

An outstanding event of this administrative year was a meeting of the Fellows, the Officers, the Chairman of the Welfare Committee

and the Chairmen of the Subcommittees to the Welfare Committee, with Dr. Louis Bauer, Chairman of the Council on Medical Service and Public Relations of the American Medical Association. At this meeting the objectives of The Medical Society of New Jersey were brought out by various speakers, and a very helpful question and answer period was held.

At the request of the Committee on Medical Defense and Insurance, and by direction of the Board of Trustees, the President wrote to each county society asking for more active cooperation of the membership in support of the State Society's program on Accident and Health Insurance, as approved at the last meeting of the House of Delegates.

At the request of the Committee on Social Security, the President wrote to the members of the Society in the Armed Forces, to the various allied professional groups, to the various business organizations and labor groups in the State, stating the Society's attitude in regard to Title IX of the Wagner Bill. Letters were also sent to our representatives in Congress. A detailed report of these activities will be presented by that committee.

In order to secure a better supply of internes for New Jersey hospitals, an effort is being made to improve the standards of Interne Training. To this end the Society is cooperating with Procurement and Assignment, details of which will be found in their report.

A word of commendation should be spoken for the sincere and earnest way in which the various committees have applied themselves to their appointed tasks. Anyone who has attended the meetings of the Welfare Committee, and its Subcommittees, the Standing and Special Committees, cannot help but admire and be impressed by the way in which they have gone about their work.

Special mention should be made of the excellent work done by Mrs. Madden, Acting Executive Officer. The entire Executive and Editorial Office force has done a grand job this year, and the work of the President has been greatly lightened through their splendid coöperation.

An effort should be made to integrate the recommendations of the Welfare Committee with the activities of the Board of Trustees. All recommendations of the Welfare Committee, between the meetings of the House of Delegates, should be transmitted to the President and to the Chairman of the Board of Trustees, in writing, so that they may be placed on the agenda of the meetings of the Board of Trustees.

Finally, it is my hope that the Society, as a whole and as individuals, may work along with the incoming administration in the same spirit of coöperation as they have this year. Let us have a united, cohesive State Society, operating smoothly and in coördination with the American Medical Association. Let us not be coerced into a spirit of disunity with the American Medical Association. We are a component part of that Association and as such, we should be loyal supporters of its principles and policies. As a State Society we have a part in formulating its policies, and have the right, through our Delegates, to suggest changes in policy and to make constructive proposals for the consideration of the House of Delegates of the American Medical Association, which has the power, the brains and the resources to make the American Medical Association the real and accepted leader of organized medicine in the United States.

While there is yet time, may the American Medical Association make provision for more adequate representation in Washington, and lay down the principles for a workable, constructive program that will result in a better distribution of Medical Care and still retain the basic principles of our system.

PRESIDENT-ELECT

Joseph F. Londrigan, M.D., Hoboken

Referred to Reference Committee "A"

I would like, at this time, to express to you all, my very deep sense of gratitude for the honor which comes to me, when this venerable and important Medical Organization asks me to head it during this troublesome and important year.

I assume this office with a full realization of the uncertainties and difficulties which beset us on all sides. Today, all about us, not only in Medicine, but in all spheres, we must be prepared to meet exigencies, emergencies, vast problems, and unusual situations, which only a few short years ago the most imaginative would have deemed to be too fantastic.

Our immediate concern is with the practice of medicine in our own State. Properly and adequately to meet the varying situations which might beset us here, I propose the attainment of some main objectives which, while they may be few, represent to me in all their extensions, the most important aspects of the entire medical-social-economic question.

First, we must maintain the very high order of medical care offered to the people of this State. We must zealously guard the unexcelled and prominent place which our professional personnel, our hospitals, our scientific groups enjoy; we must permit no deterioration in any of these. We must continue to extend the same service which has produced lower infant mortality rates, lower maternal mortality rates, and altogether a longer life expectancy in this country than exists in any other country in the entire world.

Next, we must be ready and willing and prove ourselves capable of adjusting our professional services and habits to any other social or economic order which may arise either today or in the post-war period.

How may these objectives be realized? By all of us, each individual in the practice of his profession, pooling his efforts with those of the rest of us. We must be united, we must exhibit full coöperation to the elected representatives of our various organized units. All committees during these next few years have a tremendous responsibility and must work with an ardor never before dreamed of. We must give the public good medicine, more good medicine, and make it more easily available to them through channels animated by a spirit of high professional idealism. Here I commend to you the Medical-Surgical Plan of New Jersey, which offers not more medical service of an inferior grade, but more good medical service.

Finally, I hope that this spirit of unity and close coöperation will prevail between this our State Medical Society and our great national parent organization, the American Medical Association. What organization in any sphere of our national life has contributed so much towards the furtherance and advancement of the common good than our own American Medical Association? With no grants-in-aid, with no legislative "must", they have placed American medical education on an almost unbelievably high level; they have contributed much to the elimination of quackery; they have sponsored pure food legislation; they have made of our hospital organizations something to be envied by all other countries; the work of the Council of Pharmacy, the rating and approval of hospitals for intern training, for specialist training; the extraordinary high order of our nursing schools.

I would like to add just one or two more of these activities, all of which have resulted in offering better medical care to the people of this country—the furtherance of the activities of the various Specialty Boards, the creation of the Council on Medical Practice and Public Relations. These are the things, I feel, go toward making us proud of our parent organization.

This is our challenge, and I ask your help, the help of every doctor in the State, but more particularly the help and support of our Officers and our various Committees. Then, I promise you—that toward the accomplishment and furtherance of these ends, I now pledge my every effort, and I will dedicate and consecrate the activities of our entire Society to the fulfillment and fruition of these objectives.

BOARD OF TRUSTEES

THOMAS B. LEE, M.D., Chairman, Camden

Referred to Reference Committee "A"

The Board of Trustees has held the usual meetings since the last meeting of the House of Delegates. The attendance of the members has been almost one hundred per cent. The Board, through the various committees, has participated in many activities pertaining to legislation, public relations, the next annual meeting, et cetera. These activities will be reported by the various committees involved.

The proposal to establish a medical college in North Jersey by a non-medical group has been considered very carefully, and after taking the matter for review to the authorities at Rutgers University, has been rejected. Our relation with the allied groups, namely dentistry, nursing, pharmacy and veterinary surgery, has presented some very interesting problems and progress has been made in such affiliation where our interests are contiguous. The so-called Rutgers plan for the post-graduate med-

ical education has likewise received thoughtful attention, and Dr. Henry B. Decker, Chairman of this Committee, reports that progress has been made in having the plan ready when the present war is over.

A number of the Board members held a meeting with the Board of Trustees of the Medical-Surgical Plan and we have had reports from this organization at each of its meetings. It is to be strongly hoped that all members of the State Society will give this plan a fair trial so that appraisal of its usefulness may be made by the State Society. There is also a feeling that the Welfare Committee should be a little more closely integrated with the Board of Trustees. It is suggested that all matters which they wish to bring to the attention of the Board shall be sent immediately after the meeting to the Executive Offices of the Society in order that they may be put upon the agenda for the next meeting of the Board.

Attention is called to the report of Dr. Christopher Beling, Chairman of the Committee on Medical Defense and Insurance. Dr. Beling states that under certain circumstances The National Casualty Company will make their disability insurance policy non-cancellable. This is of the greatest importance and should be given the widest publicity among the members of the State Society.

SOCIAL SECURITY

Joseph F. Londrigan, M.D., Chairman, Hoboken

Referred to Reference Committee "A"

This special committee was appointed by the Board of Trustees, June 27th, 1943, for the sole purpose of combating the Wagner-Murray-Dingell Bill. The first meeting of the Committee was held July 4th, and a fairly complete program was formulated at this meeting for combating the bill. Subsequent meetings were held July 22nd, October 20th and December 12th.

The plan adopted at the initial meeting (July 4th) was reported in considerable detail to the Welfare Committee and published in the *Journal*. Following out the proposals of the Committee, individual letters were sent by President Hollinshed to each member of the Council on Medical Service and Public Relations of the American Medical Association, to the Secretary of the A. M. A. and to the Director of the Bureau of Legal Medicine and Legislation of the Association, enclosing copies of resolutions adopted by the Welfare Committee and approved by the Board of Trustees, expressing opposition to the medical features of the Wagner Bill. Likewise, individual letters were sent by the President to various state organizations. Opposition to the medical features of the bill were expressed by the State Grange, State Chamber of Commerce, New Jersey Taxpayers' Association and the New Jersey Manufacturers' Association. Letters were also sent to the Presidents of the State C. I. O. and State A. F. of L. Efforts to meet with the officers of these two organizations, to date, have proved futile. The fact that both of these groups are publicly committed to the Wagner Bill is probably the reason that we have been unable to arrange such conferences.

An individual letter was sent by President Hollinshed to the President of each County Society, and a follow-up letter was forwarded from the Secretary of this Committee suggesting the advisability of conferences by the officers of the Societies with their Congressmen. A number of the County Societies, in response to this request, held dinner conferences—group meetings of the Societies composing the various Congressional Districts — with their Congressmen to excellent effect. In other instances contacts were made by the officers of the Society or by members who were personally acquainted with their respective Representatives. Of the fourteen New Jersey Representatives eleven have expressed themselves as opposed to the medical features of the Wagner Bill, and three are non-committal. Senator Hawkes also is strongly opposed to the medical features of the Bill. We have not yet learned the reaction of Senator Walsh. County Societies were asked to have their members write to their Congressmen and Senators during the months of January, February, March and April.

Letters were sent by President Hollinshed to all members of the Society in military service, together with a brief analysis of the bill. As a result we have reason to believe that a sizable percentage of the members in Service have written to their Congressmen and the two Senators, in opposition to the measure.

From the beginning it has been the thought

of the Committee that the matter of timing in our efforts to defeat this bill was important. For this reason the resolutions which were adopted by the Welfare Committee and approved by the Board of Trustees have not yet been forwarded to our Representatives in Congress. It is our thought that the appropriate time to forward these would be just before or at the time hearings were being held on the Senate and House Bills.

The public, without very much prompting, has shown a great interest in this bill, particularly in the medical features.

The secretary of the committee has addressed several County Societies and lay groups. The Medical Director of the Medical Service Administration has also filled a number of speaking engagements before County Societies and lay groups. A number of County Society officers and members have also addressed organizations within their respective Counties. The intensive part of the publicity campaign is just about getting under way, and different groups are being contacted by County Society officers and arrangements are being made for speakers to address these organizations.

Placards for display in doctors' offices and leaflets for distribution to patients regarding the bill have been prepared, and are being sent out. This placard and twenty-five copies of the leaflet have been forwarded to all non-members in the State.

In conclusion, we would like to stress this point: that while, as we have mentioned, the present viewpoint of the majority of our legislators is in opposition to this measure, it is most important that the public be educated to the perniciousness of this bill, so far as its medical features are concerned, and that every member of the Society will feel that he has not met his obligation toward the defeat of this measure unless and until he himself has written to his Congressman and both Senators.

Each County Society is urged to appoint an active committee to correlate the state program in the local community. The Chairman's own County of Hudson has formulated an extensive program to combat the Wagner Bill and the County Society has appropriated a sum of $500 for expenses in this effort. Talks will be given before the various hospital staffs to acquaint the physicians with this measure. Following these talks the committee will sponsor study groups composed of representatives of lay organizations so that these representatives themselves may present to their own groups the attitude of organized medicine toward the Wagner Bill.

The State Committee has enlisted the cooperation and support of the Woman's Auxiliary, and each doctor's wife, through the Auxiliary Legislative Committee, has been informed of the dangers of the bill and has been requested to write to her Congressmen and ask her friends to write also.

SECRETARY

ALFRED STAHL, M.D., Newark

Referred to Reference Committee "A"

Statistical report on the Official List of Members of The Medical Society of New Jersey, as of March 15, 1944:

Paid-up Members, 1944	4,179
Paid-up Members, 1943	4,149
Increase in Active Members	30
Associate Members	71
Deaths of Members during year	68
Transfers in from other States	8
Transfers out to other States	6
Transfers within the State	4
Resignations	7
New and Reinstated Members	143
Delinquents (Members in 1943, not paid in 1944)	207
Members in the Armed Forces:	
Regular	1,416
Associate	21

TREASURER

GEORGE J. YOUNG, M.D., Morristown

Referred to Reference Committee "B"

The fiscal year of the Society does not close until May 31st. A complete financial report will be presented directly to the House of Delegates.

FEDERAL TAX EXEMPTION

During the past year, at the request of the Treasury Department, evidence has been submitted for use in determining the status of The Medical Society of New Jersey relative to Federal employment and income tax.

Upon the advice of our counsel and auditor, we claimed exemption under the provisions of section 101 (6) of the Internal Revenue Code as a "scientific and educational organization".

A recent letter from Washington contains the following information:

One of the provisions of section 101 (6) is that an organization "must not by any substantial part of its activities attempt to influence legislation by propaganda or otherwise".

"A careful study of the legislative bulletins and letters prepared by you, directed to members of the United States Senate and House of Representatives, and to members of the Legislature of the State of New Jersey, in which you express your approval or disapproval of pending and proposed legislation particularly that dealing with matters relating to the medical, osteopathic, chiropractic and naturopathic professions, and matters relating to or affecting the members thereof has been made and it is the opinion of this office that such activities constitute an attempt to influence legislation, and form a substantial part of the activities engaged in by you."

"It is therefore held that you are not entitled to exemption under the provisions of section 101 (6) of the Internal Revenue Code and corresponding provisions of prior revenue acts as a scientific and educational organization inasmuch as you are not organized and operated 'exclusively' for scientific and educational purposes."

"It is the opinion of this office, however, that you are an association of persons in a profession, organized and operated for the betterment of the profession through numerous methods, rather than an association organized and operated exclusively for scientific and educational purposes."

"Based upon the foregoing, it is held that you are entitled to exemption from Federal income taxation under the provisions of section 101 (7) of the Internal Revenue Code and the corresponding provisions of prior revenue acts."

"Your status with respect to Federal employment tax will be dealt with in a separate communication."

JUDICIAL COUNCIL

CHRISTOPHER C. BELING, M.D., Chairman, Newark

Referred to Reference Committee "A"

During the past year no matters of an ethical or judicial nature were referred to the Judicial Council.

The Judicial Council has no report to make at the present time.

FIRST DISTRICT

Essex, Morris, Union and Warren Counties

CHRISTOPHER C. BELING, M.D., Councilor
Newark

Referred to Reference Committee "A"

The County Societies comprising this district have as usual maintained a high standard of professional work. The proceedings of these Societies have already been published in *The Journal* from time to time.

The Councilor for the First District has not had any matters requiring the consideration of the Judicial Council brought to his attention.

SECOND DISTRICT

Sussex, Bergen, Hudson and Passaic Counties

VINCENT P. BUTLER, M.D., Councilor
Jersey City

Referred to Reference Committee "A"

The Councilor for the Second District has had no requests for his services during the past year.

THIRD DISTRICT

Mercer, Middlesex, Somerset and Hunterdon Counties

BARCLAY S. FUHRMANN, M.D., Councilor
Flemington

Referred to Reference Committee "A"

The work of the Councilor for the Third District has been very light. He has been consulted by one physician residing in the State and found it necessary to refer him to another Councilor. Recently another matter affecting a member of the Society has been referred to him, but as yet has not been disposed of and is still pending.

FOURTH DISTRICT

Camden, Burlington, Ocean and Monmouth Counties

S. EMLEN STOKES, M.D., Councilor
Moorestown

Referred to Reference Committee "A"

There have been no problems reported to the Judicial Councilor for the Fourth District calling for action, which indicates prevailing harmony. There has been no need for my services during the year, but I assure the officers and members of each County Society in this district of my interest in their work and willingness to serve them whenever called upon.

FIFTH DISTRICT

Atlantic, Cape May, Cumberland, Gloucester and Salem Counties

CHESTER I. ULMER, M.D., Councilor
Gibbstown

Referred to Reference Committee "A"

It was not thought advisable to have a district meeting this year because of the greatly increased pressure of work on physicians. It is hoped to again have these yearly meetings when conditions become normal.

There have been no requests for my services during the past year.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

WELLS P. EAGLETON, M.D., Newark

Referred to Reference Committee "F"

A report of the 1943 A. M. A. meeting appears on page 314 of the August 1943 *Journal.*

EXECUTIVE AND EDITORIAL OFFICES

EDITH L. MADDEN, Acting Executive Officer, Trenton

Referred to Reference Committee "A"

Each member of the Executive and Editorial Staff has put forth her best effort to assist the State Society Officers, Board of Trustees and Committee Chairmen in the promotion of the work for the general welfare of the Society, and to maintain the high standard of service expected of our office.

The routine office work remains consistent in type and volume — typing, correspondence, filing, mimeographing, addressographing, bookkeeping and other general clerical duties.

Thirty-one meetings have been covered during the year by members of the staff. Notices and agendas have been sent, minutes taken and

written up for distribution, and abstracts of the minutes prepared for publication in the *Journal.*

Special requests to compile mailing lists and to check qualifications of physicians have been fulfilled for the Second Service Command Advisory Board, the Bureau of Venereal Disease Control of the State Department of Health, the State Board of Children's Guardians, the Bureau of Maternal and Child Health of the State Department of Health, the Office of Price Administration, the Medical Service Administration, and the Office of Procurement and Assignment.

The membership records have been kept up-to-date in accordance with reports from members and County Societies. Records are made of members entering service, those discharged, and changes of address. Some months the changes of address have reached the 200 mark. Journal wrappers are addressed each month in this office and prompt notification of change in address aids in the delivery of the *Journal* without delay.

At the request of the Advisory Committee on Industrial Health and Hygiene, and with the approval of the Subcommittee on Medical Practice, reply questionnaire postals were printed and mailed to 4300 physicians in the State. Within two weeks 1,000 replies had been received and referred to the Committee for statistical compilation.

In the absence of the President of the Woman's Auxiliary, Mrs. Yaguda, a great deal of assistance has been given through this office to the Auxiliary Committee Chairmen and some outside contact work has been carried on at the request of Mrs. Yaguda.

The preparation of the 1944 Official List has been aided materially by the early receipt of partial lists from some County Treasurers. In order to give us more time for the List, we requested an amendment to the By-Laws whereby the closing date of "March 15th" would be changed to "March 1st". Such a change will effect more efficiency in the compilation of the list and prevent delay in its publication. The amendment was approved by the Trustees on February 6, 1944.

In accordance with the instructions of the Special Committee on Social Security, and following approval of the Board of Trustees, 3,000 placards for physicians' waiting rooms, and 50,000 copies of a pamphlet on the Wagner Bill were printed for distribution to patients. Requests from lay groups for medical speakers on the Wagner Bill have been fulfilled in coöperation with the Committee on Public Relations.

One of the secretaries, assigned to the Committee on Legislation, spends one day a week in Union City doing the secretarial work of the Executive Secretary of that Committee. She has also been assigned the stenographic work of the Woman's Auxiliary.

The specialized work of the Editorial Secretary covers miscellaneous editing, proof reading, Journal dummy make-up, and handling all phases of advertising and indexing.

The Editorial Secretary and the Acting Executive Officer attend the monthly meetings of the Publication Committee in Newark.

The Acting Executive Officer has made 30 trips within New Jersey, four to New York and one to Chicago, the latter at the direction of the Board of Trustees to attend the Secretaries' and Editors' Conference in November, 1943. A report of the meeting appears in the December *Journal.*

A fourth member of the staff was employed last summer, due to the increased activities and demands of the various committees and officers, to take over the many time-consuming clerical activities.

The Claridge Hotel in Atlantic City is a new meeting place for the Society, which fact necessitated a full survey of facilities and accommodations by the Acting Executive Officer, together with complete reports to the Annual Meeting Committee and President. Information on our requirements during the meeting has also been prepared for the hotel personnel.

A complete report on the Commercial Exhibits at the Annual Meeting was submitted to the Annual Meeting Committee and is included as part of that Committee's report on page 142.

At various times we have been requested to furnish data and information on subjects with which we are not familiar. We wish to thank those members who have so generously aided us in obtaining the desired answers.

STANDING COMMITTEES

FINANCE AND BUDGET

Harry R. North, M.D., Chairman, Trenton

Referred to Reference Committee "B"

The Committee on Finance and Budget has reviewed the expenditures for the current year, and the requested budget appropriations for 1944-45. A tentative budget for the new year has been set up, with the idea of curtailing expenditures as much as possible; certain recommendations will be presented to the Board of Trustees for its consideration together with the proposed budget.

A meeting of the Committee will be held after the Trustees have reviewed the recommendations and proposed budget, at which time the final budget for 1944-45 will be prepared for presentation to the House of Delegates in April.

MEDICAL DEFENSE AND INSURANCE

Christopher C. Beling, M.D., Chairman, Newark

Referred to Reference Committee "D"

A. MEDICAL DEFENSE

The Committee on Medical Defense and Insurance reports that the number of doctors insured prior to enlistment in the service as reported in April, 1942, amounted to 3,589. The number of contracts now in force are 2,523. Nine hundred and eight members entered the service and discontinued their policies. Owing to the early date of the Annual Meeting and the dislocation of membership during the emergency, statistical tabulations cannot be provided at the present time. As it will be recalled, the Committee recommended a 20 per cent rate increase on account of loss of premium volume, by reason of the decrease in the number of members insured to enable the Insurance Company to maintain their reserves.

In our last report we drew the attention of the Society to the increased number of malpractice suits brought against the members of the Society, in connection with the treatment of patients by diathermy and other electrical modalities. A questionnaire sent out to the insured members has yielded the information that at least 70 per cent of the doctors are now treating patients with diathermy or some other kind of electrical modality.

In the past year eight claims were reported following the use of diathermy.

Your Committee wishes to draw the attention of the members of the Society to the claims which have been brought against the doctors for burns caused by light and short-wave machines. It is of the utmost importance that the greatest care should be taken in the administration of these treatments, for most of the accidents which occur are due to lack of observation and supervision of patients while treatments are being given.

During the year several members were sued for irregularities in the commitments of patients to institutions for the insane. The Committee desires to point out that it is very important in making commitments to mental hospitals that doctors should make thorough investigations into mental status of patients before certifying them for commitment to institutions for the insane. In case of doubt it is always wise to obtain consultation and expert opinion before such commitment is made.

The Committee recommends:

1. The continuation of Messrs. Faulhaber and Heard as the official brokers of the State Society to negotiate all contracts for its members.

2. The renewal of the present insurance contract through Messrs. Faulhaber and Heard, the official brokers of the Society.

B. ACCIDENT AND HEALTH INSURANCE

The new non-cancellable group plan of accident and health insurance, as approved by the State Society at the last Annual Meeting, has been taken up by several County Societies. More than 60 per cent of the members of the Bergen County Medical Society subscribed to our Physicians Special Policy, written by the

National Casualty Company, with the result that all the Accident and Health policies in Bergen County are now on a non-cancellable group plan basis.

Passaic County Medical Society and Union County Medical Society have recently started enrollment campaigns to put the group plan through, and we feel sure that they will soon qualify for the non-cancellable Group Policies.

Doctors who apply for Accident and Health Insurance during the enrollment period, as stipulated by the Insurance Company, will receive policies regardless of past medical or insurance history. The Committee is hopeful that the acceptance of this special policy by the other County Societies will result in the State Society obtaining a non-cancellable contract for its individual members on a group plan basis.

Once a member is qualified, his contract will be non-cancellable as long as he remains a member in good standing in his County and State Societies, continues in the active practice of his profession and pays his premium to the Insurance Company, regardless of his age and his physical condition.

We recommend the renewal of the present agreement with the National Casualty Company through our agent, Messrs. E. & W. Blanksteen; and urge the component County Societies to qualify for this non-cancellable, non-selective policy as already set forth in our last Annual Report.

The Committee hopes that the letter, written by the President of the Society, Dr. Ralph K. Hollingshed, and sent to the various Presidents of the County Societies, will expedite the securing of this non-cancellable contract.

HONORARY MEMBERSHIP

Lucius F. Donohoe, M.D., Chairman, Bayonne

Referred to Reference Committee on Resolutions and Memorials

In accordance with the provisions of the Constitution on Honorary Members, they "shall be physicians and surgeons who have attained distinction within the medical profession, and who may be elected by a two-thirds vote of the House of Delegates after having been recommended by the Committee on Honorary Membership".

One recommendation for nomination to Honorary Membership has been received. Any member or County Society wishing to recommend a physician for Honorary Membership should send the name and a brief summary of qualifications to the Chairman prior to the annual meeting in Atlantic City.

SCIENTIFIC WORK

William Wallace Maver, M.D., Chairman, Jersey City

Referred to Reference Committee "D"

The Scientific Work Committee has no report for 1943-1944.

POST-GRADUATE EDUCATION

Henry B. Decker, M.D., Chairman, Camden

Referred to Reference Committee "D"

The Committee has made some progress on its program, and a complete report will be made to the House of Delegates at the Annual Meeting.

PUBLICATION

HENRY C. BARKHORN, M.D., Chairman, Newark

Referred to Reference Committee "B"

The activities of the Publication Committee continue as in previous years. The publication of *The Journal* of The Medical Society of New Jersey with the Official List and the Transactions are its chief concern.

Every effort is being made to publish a monthly informative house organ wherein the views of the State Society respecting matters affecting the profession are given publicity. Many preprints and reprints are made for distribution among other groups so that they may understand our policies and official actions.

We again express our thanks to Dr. Norman M. Scott, Mrs. Edith L. Madden, Mrs. Miriam Nilis Armstrong, Editorial Secretary; the Orange Publishing Company, the Coöperative Medical Advertising Bureau of the American Medical Association and our other advertisers for their loyalty and support. Were it not for their helpfulness, *The Journal* could not be published in its present form.

We recommend the reappointment of Dr. Henry A. Davidson as Editor (without pay), on leave of absence in service A. U. S.

Following is a short financial statement and a table of distribution by pages:

RECEIPTS

From June 1, 1943, to March 31, 1944

Net cash receipts	$10,731.16
Estimated receipts to May 31, 1944	3,500.00
Total	$14,231.16

EXPENSES

From June 1, 1943, to March 31, 1944

Journal	$ 9,641.47
Reprints	63.75
Estimated expenses to May 31, 1944	2,500.00
Total	$12,205.22

ADVERTISEMENTS

Included among the advertising pages are those devoted to *Society Organization,* as follows:

The index of the reading pages, which appears on the first cover page of each Journal	12 pages
The list of officers and committees	14½ pages
Total	26½ pages

SUPPLEMENTS

April, 1943—Official List of Members..... 60 pages

1943	Editorials	War	Medical Service Administration	Medical-Surgical Plan	Original Articles	Executive Officer's Page	Legislative News	Timely Topics	State Activities	County Society Reports	Woman's Auxiliary	Bulletin Board	Book Reviews	Total Reading Pages	Pages of Advertising Including Covers	Total Pages in Monthly Issues
January	2	6		3	15	2	1	..	3	2	1	1	2	38	38	76
February	2	7		1	13	..	3	..	4	3	1	1	3	38	38	76
March	4	..		4	17	..	2	..	6	2	1	..	2	38	38	76
April	2	3		2	23	..	..	..	2	2	1	1	2	38	38	76
May	1	..		..	..	..	..	..	49	..	..	..	..	50	62	112
June	2	3		..	18	..	..	..	9	4	3	..	3	42	38	80
July	3	..		..	19	..	4	..	7	..	2	1	2	38	34	72
August	1	2		4	10	..	2	..	28	..	1	..	2	50	42	92
September	2	2		1	14	..	..	..	7	..	1	..	1	28	40	68
October	2	1		3	13	..	..	..	8	..	2	..	3	32	40	72
November	2	2		1	8	..	..	..	15	2	5	..	3	38	38	76
December	6	..		..	11	..	..	..	19	4	3	..	3	46	38	84
Totals 1943	29	26		19	161	2	12	..	157	19	21	4	26	476	484	960
Totals 1942	37	56		..	244	4	7	7	181	48	27	13	29	653	467	1120
Totals 1941	42	..		..	306	..	..	..	212	53	31	7	23	674	474	1148
Totals 1940	46	..		..	241	..	..	..	260	70	11	..	*	628	484	1112
Totals 1939	50	..		..	334	..	..	..	270	80	24	..	*	758	482	1240

* In previous years the Book Reviews were included in State Activities.

ADVISORY TO THE WOMAN'S AUXILIARY

William E. Dodd, M.D., Chairman, Beach Haven

Referred to Reference Committee "F"

A meeting of this committee was held in Trenton, June 20th, 1943, at which time Mrs. Asher Yaguda, President of the Woman's Auxiliary, presented a tentative outline of the program which she and her committees had formulated. Dr. Ralph K. Hollinshed, President of The Medical Society of New Jersey, was also present and contributed his sound judgment to the deliberations of the Committee. A proposed list of projects was presented and acted upon as follows:

1. Subject to the approval of the Board of Trustees of The Medical Society of New Jersey, the Woman's Auxiliary requested to be permitted to coöperate with Hygeia Magazine in increasing its circulation in New Jersey, for the following reasons:

a. New Jersey is the only State in the Union in which the Woman's Auxiliary does not coöperate with Hygeia Magazine.

b. Any national effort of the Woman's Auxiliary of the A. M. A. is portrayed through the medium of Hygeia Magazine.

c. Coöperation with Hygeia Magazine will increase the prestige of the Woman's Auxiliary to The Medical Society of New Jersey with the National organization.

2. The Woman's Auxiliary to The Medical Society of New Jersey requested permission to sponsor a radio program through its Public Relations Committee. The material for this program is to be supplied by the American Medical Association, and to consist of a series of prepared radio transmissions. It is to consist of two subjects entitled (a) "Before the Doctor Comes" and (b) "American Medicine Serves the War". It is understood that such a program, if presented, is to be carried out without any expense to The Medical Society of New Jersey.

3. The Woman's Auxiliary sought approval of the Advisory Committee to institute on a state-wide basis the work begun in Essex County by the Woman's Auxiliary there. This is a program in which the Woman's Auxiliary coöperates with the various Local Health Departments and State Department of Health in presenting to groups of the laity, timely subjects on nutrition and other matters of public health.

4. The Woman's Auxiliary to The Medical Society of New Jersey requested the approval of the Advisory Committee in the formation of a Hospital Volunteer Corps in coöperation with the Office of Civilian Defense in which the efforts of the Woman's Auxiliary be directed as follows:

a. Correlation of existing hospital volunteer effort, with no thought of upsetting any plan in individual hospitals now operating satisfactorily.

b. The recruitment of volunteer men workers (almost an untouched field) for such positions as elevator operators, wood workers for furniture repairs, gardeners, orderlies, laundry workers, barbers, and maintenance personnel.

c. Further recruitment of women volunteers for work as receptionists, telephone operators, information clerks and in all clerical branches.

It was proposed to launch the program in Hudson, Essex and Morris Counties with the Hospital Council, Inc., of Newark.

The above projects had the approval of the Advisory Committee and a report covering them was submitted to the Board of Trustees in June, 1943.

In December, 1943, the Woman's Auxiliary was asked to join with the New Jersey State and Local County Nursing Associations in their recruiting program to secure volunteers for the U. S. Cadet Nurse Corps. This is a nation-wide project and is endorsed by the A. M. A. National Auxiliary organization. This Committee also endorsed the project.

In February, 1944, the Woman's Auxiliary submitted to this committee two leaflets containing enlightening information concerning the Wagner-Murray Bill now pending in Congress. It was proposed to send a copy of one of these leaflets to the wife of each doctor in New Jersey. Our committee was asked to make a selection. The leaflet endorsed by the Committee was the same as the one chosen by the Legislative Committee.

The committee realizes the difficulties confronting the ladies of the Auxiliary in undertaking and carrying forward such a comprehensive program, especially in these trying times. They are to be congratulated upon their courage and their selection of such worthwhile projects. We extend our sincere wishes for the success of their efforts.

ANNUAL MEETING

Harrold A. Murray, M.D., Chairman, Newark

Referred to Reference Committee "F"

Following the action of the Board of Trustees to leave the final plans and program for the 1944 Annual Meeting in the hands of the President and Annual Meeting Committee with power to act, the available hotels in Atlantic City were canvassed as possible headquarters for the convention. The Atlantic City representatives on the Committee recommended the Claridge Hotel as having the best facilities for our purposes. The Acting Executive Officer was requested to visit the Claridge and look over the facilities for meeting rooms, exhibit hall and accommodations. This visit was made in August and a report submitted to the Committee for its information.

The members of the Committee, the President and the Acting Executive Officer were invited by the Claridge to Atlantic City for a week-end, including a luncheon meeting on Sunday with the General Manager, Mr. Trimble, and the Convention Manager, Miss Taylor, of the Claridge. At that meeting the Claridge was selected as headquarters for the 1944 Annual Meeting, and the dates, April 25th, 26th and 27th, were approved. These early dates were selected to avoid conflict with the A. M. A. convention in St. Louis and the New York State Convention in New York City during May. The A. M. A. has subsequently changed its place and date to Chicago in June.

The Committee approved the tentative floor plan for the commercial exhibits, covering 29 booths. It also approved making the contract with the Hale Decorators of Buffalo for booth equipment as in the past. The proposal for a general meeting on Tuesday afternoon, April 25th, and another on Thursday morning, April 27th, with section meetings all day Wednesday, April 26th, met with the approval of the Committee. The guest speaker for the banquet was left to the President with power to act. The offer of the Mennen Company to entertain the Delegates and their wives at a cocktail party was left to the President and the Chairman of the Committee. It was finally decided to hold the cocktail party on Tuesday evening, April 25th, from 5:30 to 7:00 p. m., leaving the balance of the evening free. The Committee looked over the facilities of the hotel and the available rooms, and approved the room assignments which had been tentatively outlined.

As usual, the Auxiliary will have charge of its own meetings and luncheon, and will also make the arrangements for the banquet, subject to the approval of the President.

The hotel, which serves a la carte meals, was requested to provide menus for club breakfasts and full course meals, entree to be the price of the meal, for luncheon and dinner during the time of our meeting. Convention rates are offered to the members and guests at the meeting: these rates figure $1 per day per person higher than pre-war rates. The Committee felt that the rates offered were acceptable.

The details of the commercial exhibits were left to the Acting Executive Officer and the scientific program was left to the Committee on Scientific Program, under the chairmanship of Dr. Gray.

Because of the limited space available for exhibits and due to transportation difficulties scientific exhibits and art and hobby exhibits have been eliminated this year. There will be, however, five educational exhibits by committees in the State Society, and a library exhibit by the Library of the Academy of Medicine of Northern New Jersey.

A Motion Picture Theatre is scheduled for Tuesday, April 25th. A sound-color film on Syphilis, just released by the government, will be shown through the courtesy of the Bureau of Venereal Disease Control of the State Department of Health. We feel that this film will be most interesting to our members together with three other films being obtained from the Doho Chemical Company.

An editorial in the November 1943 *Journal* carried an outline of the program. Beginning with the January *Journal* the dates of the meeting were printed on the front cover and an announcement of the room rates at the Claridge, together with a reservation coupon, was carried each month.

The Committee on Annual Meeting has received the fullest coöperation of the management of the Claridge in the preparation of our plans for the meeting. All broad details have been definitely settled and the minor details are being taken care of as they arise.

Through the Committee on Scientific Program the February and March journals carried "Prevues of the Annual Meeting" to stimulate the interest of our members in attending this meeting.

COMMERCIAL EXHIBITS

The following report on the Commercial Exhibits was submitted to the Committee by the Acting Executive Officer, Mrs. Edith L. Madden:

In July, 1943, a letter was sent to 60 regular exhibitors inquiring if they would be interested in exhibiting in New Jersey in 1944 if our Society should return to its usual three-day session. About two-thirds replied that they were definitely interested. The other third was divided into two groups: those who could not because of war restriction on production, and those who had curtailed their exhibit program due to loss of personnel.

A visit was made to the Claridge Hotel, at the request of the President and the Chairman of the Annual Meeting Committee. The exhibit accommodations and proximity to meeting rooms were investigated and found to be well suited to our purposes. A tentative floor plan of the exhibit hall was prepared and presented to the Committee for its approval at the meeting held at the Claridge in September. Upon approval, contracts and floor plans were sent to prospective exhibitors in October. Within two and a half days all 29 booths had been reserved and within three weeks twenty-four other firms had been rejected due to lack of exhibit space. With the approval of the President's Cabinet and the Chairman of the Annual Meeting Committee, the Educational Exhibits were shifted to another location and eight more commercial exhibit booths added. The first eight firms rejected were contacted in order of receipt of original reservation. All eight reserved space in the added section, making a total of 37 booths in the exhibit hall. A contract was made with the Hale Decorating Company in Buffalo to provide the same service as in the past. All necessary information as to electrical current, lighting, equipment, labor costs, etc., has been forwarded to Mr. Hale, and he will carry on from this point.

Receipts from the Commercial Exhibits will amount to $3,844.00. Anticipated expenditures for booth equipment, labor, badges, credentials and registration, programs, speakers' travel, etc., is estimated to amount to about $2,500, leaving an approximate net profit of $1,300. A budget of $1,000, provided last year for the 1944 meeting, will remain intact.

All details of this part of the convention have been completed, and we are anticipating an excellent exhibit, interesting to our members and profitable to the firms.

SCIENTIFIC PROGRAM

John W. Gray, M.D., Chairman, Newark

Referred to Reference Committee "F"

The Scientific Program at the 1944 Annual Meeting will be spread over the three days of the convention. On Tuesday, a General Session on Post-War Planning will be conducted by Dr. Sigurd W. Johnsen of Passaic. Wednesday will be devoted to the seven Scientific Sections under the leadership of the various Section Chairmen. The General Session on Thursday on Voluntary Health Insurance will be conducted by President Hollinshed. Outstanding speakers have been obtained for all sessions.

The Committee appreciates the coöperation of the Section Officers, Dr. Johnsen and President Hollinshed in the preparation of the program, and is particularly grateful to the speakers who have so willingly accepted our invitations to speak and contribute to the greater success of our meeting.

The full program of the General Sessions and Scientific Sections appears on page 119 of this *Journal*. We hope all sessions will be well attended and enjoyed by everyone.

WELFARE

Herschel S. Murphy, M.D., Chairman, Roselle

Referred to Referenec Committee "E"

The Welfare Committee held four meetings during the present administration with good attendance. The four subcommittees to the Welfare Committee, namely: Public Relations, Legislation, Medical Practice and Public Health (together with the advisory committees to the last two), have had a full schedule for the year, due in a large part to war problems.

The President has addressed the Welfare Committee at each meeting. With the approval of the Board of Trustees, he established and appointed four new advisory committees. Three of these — Health Insurance, Distribution of Medical Care and Private Practice are advisory to the Subcommittee on Medical Practice; and the fourth, School Health, is advisory to the Subcommittee on Public Health.

Among matters of general interest considered during the year, we feel that consideration and disapproval of the Wagner Bill, S. 1161, was of the greatest importance. Study was made of reports by the Medical Practice Committee on Post-War Planning and Auxiliary Medical Services. Both problems are very extensive and perplexing in their different ramifications.

The special Committee on the Emergency Maternity and Pediatric Care Program for the Wives and Children of Service Men felt that our participation in New Jersey should be on the basis of the resolution adopted June 26th, 1943, by the House of Delegates of the American Medical Association rather than on the present contract method of flat fee payments by the government to physicians. This resolution is as follows:

> "Your reference committee recommends (a) that the action of the federal government in making funds available for maternity and infant care for the wives and infants of enlisted men be approved, and (b) that adoption be urged of a plan under which the federal government will provide for the wives of enlisted men a stated allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with the wife and the physician of her choice."

We have mentioned only a few highlights of the most important matters considered during the year. The complete details will be found in reports of the various subcommittees and advisory committees to the Welfare Committee.

MEDICAL CARE PROGRAM OF WIVES AND CHILDREN OF ENLISTED MEN

(Special Committee of the Welfare Committee)

Walter B. Mount, M.D., Chairman, Montclair

Referred to Reference Committee "E"

Four meetings of this Committee have been held—on July 26th, September 15th, October 10th and October 13th, 1943. One meeting was in Trenton, the others in Newark. At the last meeting there was present from Washington, D. C., Dr. Edwin Francis Daily of the Children's Bureau of the U. S. Department of Labor.

The fee for this care has been raised, up to $50.00 for antepartum, delivery, postpartum care and six weeks' care of the infant. Pediatric fees were also raised, and fees set for consultations.

This Committee concurred fully in the action of the House of Delegates of the American Medical Association taken on June 8th, 1943, and recorded in the J. A. M. A., 122: 621, June 26th, 1943, as follows:

> I. Resolutions Expressing Approval of Federal Assistance to Wives and Children of Service Men as Outlined in Plan Under Consideration by Federal Children's Bureau, introduced by Dr. John H. Fitzgibbon, Oregon: Your reference committee recommends (a) that the action of the federal government in making funds avail-

able for maternity and infant care for the wives and infants of enlisted men be approved, and (b) that adoption be urged of a plan under which the federal government will provide for the wives of enlisted men a stated allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with the wife and the physician of her choice.

Therefore it was suggested that the Medical Practice Committee, the Welfare Committee, and the Board of Trustees go on record as favoring the carrying out of all contracts already arranged by the Bureau of Maternal and Child Health of the New Jersey State Department of Health, or contracts to be arranged through December 1st, 1943, but that no further such contracts be signed or be effective after that date.

Another alternative plan was suggested, namely, that any moneys involved for physicians' services should be disbursed through the Medical Service Plan.

On October 24th, 1943, the Legislative Committee presented this report and it was unanimously approved by the Board of Trustees.

It was felt that this action taken should be circulated to the American Medical Association, the Senators and Representatives of the United States Congress from New Jersey, and the Assembly and Senate of New Jersey.

In view of the action taken at the conference on this subject, called by the Children's Bureau of the Department of Labor, in Washington on December 10th and 11th, 1943, and attended by representatives of 18 national organizations, as reported in the J. A. M. A., 123: 1125-1126, December 25th, 1943, it is realized that the opinions formulated in the previous paragraphs cannot be made effective at this time.

At the meeting of the Welfare Committee on January 16th, 1944, in Trenton, a recommendation was unanimously adopted that this Committee be continued for further study of this program.

SUBCOMMITTEES

LEGISLATION

B. S. Pollak, M.D., Chairman, Jersey City

Referred to Reference Committee "E"

STATE LEGISLATION

As this annual report is being written much earlier than in former years, due to the advanced date of the Annual Meeting, it is impossible to make a report on the disposition of bills introduced in the State Legislature of medical or public health interest. No definitive action has been taken as yet on any of these measures. It is believed that by the time of the Annual Meeting most, if not all, of the measures in which we are interested will have been disposed of and it will be possible to chronicle these in a supplementary report of the Committee.

FEDERAL LEGISLATION

The Bureau of Legal Medicine and Legislation of the American Medical Association, through frequent bulletins, has informed this Committee of all bills introduced in the Congress having public health implications and affecting medical practice. The number of bills which provide for participation of the government in the practice of medicine, or the control of the practice of medicine by the government, is steadily mounting. Approximately 290 bills of some medical interest have been introduced in the 78th Congress. At a hearing on H. J. Res. 208, before a subcommittee of the Senate Committee on Appropriations, in the matter of supplying medical care to recruited farm workers, Senator Overton of Louisiana observed: "Why cannot these men—they are getting fair wages—why cannot they pay for their own medical attention? It looks like nearly every bill that comes up is trying to socialize medicine one way or another. It is sticking its nose in here and sticking its nose in there."

It is not only the Wagner-Murray-Dingell Bill which would socialize medicine. Measures such as the one just referred to, upon which Senator Overton commented, and the present

program of supplying pediatric and obstetric care to the wives and infants of servicemen, are weaving a pattern of medical care which it may be extremely difficult to change after the war emergency ceases.

Last year this Committee, in its annual report, recorded the recommendation it made to the Welfare Committee March 21, 1943, viz.: "that the Welfare Committee recommend to the Board of Trustees that consideration be given to the thought of having our Delegates to the American Medical Association bring to the attention of the House of Delegates of the American Medical Association the desirability of establishing a legislative bureau in Washington." In our supplementary report we again emphasized the need, in our opinion, of establishing a legislative bureau of the A. M. A. in Washington. It will be recalled that the House of Delegates of our Society approved this recommendation and instructed our delegates to the A. M. A. to formulate and introduce resolutions at the annual meeting (1943) of the House of Delegates of the American Medical Association to accomplish this purpose. The Secretary of our Society was instructed to forward copies of these resolutions in advance of the meeting to the delegates of all other constituent State Societies.

While the resolutions introduced by our delegates were not passed by the House of Delegates of the A. M. A., their introduction together with resolutions from four or five other State Societies, indicative of dissatisfaction with the inertia of the A. M. A. in matters of public relations and legislation, *were* responsible for the creation, at that meeting, of the Council on Medical Service and Public Relations.

We are quite sure that there was no disposition on the part of the new Council on Medical Service and Public Relations, to establish an office of the Association in Washington for the purposes we advocated; but apparently the march of events and the continued rather widespread dissatisfaction with the present method of handling public relations and legislation, as evidenced by the decision of the Western Group of states to establish an office in Washington, and of the newly organized Association of American Physicians and Surgeons to also establish an office in Washington, has influenced the Council and the Board of Trustees of the A. M. A. to establish an office in Washington. We have carefully read the cautious announcement of this momentous step by the Council: the establishment of an office of the A. M. A. in Washington. The Council states: "This office would be charged with the collection of information and statistical data concerning medical care, its distribution, its availability, its costs and its control in various portions of the United States."

If the purposes of the Council in establishing the office in Washington are merely those stated in the announcement, it is our opinion that the work contemplated can be done to as good, if not better, advantage in the office of the Association in Chicago. What is needed in Washington is an office of the Association for public relations and legislative activities: to establish and maintain contact with the various bureaus of government and with other agencies so as to be better able to anticipate the legislative trends and to be in a better position to advise the profession, the public and the Congress on measures affecting public health and medical practice.

We have a further recommendation to make with respect to the activities of the Council on Medical Service and Public Relations which we offer in the belief that it is constructive. We would recommend the creation by the Council of regional groups of constituent Societies; that meetings of representatives of the constituent Societies composing each group, together with a representative or representatives of the Council on Medical Service and Public Relations, be held once or twice yearly for a discussion of problems affecting medical service, public relations and legislation. Such group meetings, in our opinion, should prove mutually beneficial to the regional groups and to the Council.

The Committee desires to express its deep appreciation for the splendid services which Dr. Frederic J. Quigley, Executive Secretary of the Committee, has continued to give this year. Were it not for his careful study of the various matters of legislation, we would not have been able to record the very satisfactory progress that we have made in matters concerning legislation.

PUBLIC RELATIONS

ROYAL A. SCHAAF, M.D., Chairman, Newark

Referred to Reference Committee "E"

The activities of the Public Relations Committee have been much more limited during the current fiscal year than in the past, largely due to the absence of so many of our younger members in the armed services and the preoccupation of our remaining members with the demands of civilian practice.

Our program included the publication of our weekly column "Timely Medical Topics" in the Newark Evening News each Saturday. This column presents accurate accounts of current medical problems which are of particular interest to the laity at this time. The articles are well written, interesting and very informative. In our opinion this is, at present, our best and most useful Public Relations project. We wish to express to the owners and editors of the News our deep appreciation of their generosity and continued interest in this column and the invaluable help which they have given us in planning and editing the subject matter.

Much time and thought has been devoted to the development of suitable material for presentation to the public in regard to socialized medicine as at present contemplated by the Wagner-Murray-Dingell Bill. Thus far, the Society has issued a placard for display in physicians' offices together with a folder which presents the viewpoint of organized medicine in regard to distribution of medical care and an account of the main features of the Wagner Bill. These leaflets are intended for distribution to the public through physicians' offices and may be obtained from the State Society office upon request. Many addresses have been made before educational, civic and other lay groups regarding various aspects of socialized medicine and the distribution of medical care. In this connection special mention should be made of the excellent services rendered by Dr. Frederic J. Quigley and Dr. Norman M. Scott, both of whom have appeared before many meetings throughout the state.

Our Public Relations work would have been greatly facilitated had all of our component societies endorsed the Medical-Surgical Plan so that it could be put into operation on a statewide basis. The lack of unanimous support for this venture in voluntary sickness insurance has made it difficult for the Public Relations Committee to meet some of the criticism which has been leveled against organized medicine. We, therefore, again urge the nonparticipating counties to reconsider their position from the viewpoint of our Public Relations and give the Medical-Surgical Plan the support which it deserves.

PUBLIC HEALTH

STANLEY NICHOLS, M.D., Chairman, Long Branch

Referred to Reference Committee "E"

President Hollinshed has reminded Committee Chairmen that great documents, such as President Lincoln's speech at Gettysburg, contained very few words, and that that fact and the paper shortage made it necessary for our reports to be as brief as possible, and we shall do our best to comply with that request.

Our Public Health Committee and our able Advisory Committees have carried on during this second war year in our essential objective of maintaining the best possible Public Health and medical services for all the people in New Jersey, in close collaboration with the health and welfare agencies of this state. The health of the public and the nation has been excellent during the past year, and increases in diseases expected, such as in the tuberculosis field, have largely failed to materialize. This should be a source of pride on the part of our medical and allied professions. In common with the national industries and our armed forces, we have met essential needs, with greatly restricted and handicapped personnel. Our Advisory Committees have met *all essential health problems,* and in every field the health situations are under control. Our Chairmen will submit their own brief reports as to the health situation in the fields in which they are en-

gaged, and they and their Committees are entitled to our sincere thanks for their faithful efforts.

Tropical diseases, imported from all over the world with returning sick and wounded and airplane traffic, will become a threatening menace soon. This will make necessary a new committee on the Prevention and Control of Tropical Diseases, whose first function must be the education of our profession; its second function, the education of the public. The post-graduate education involved might very well be developed under Dr. Decker's and Rutgers University Extension Post-Graduate plans, and will be heartily supported by our Committee.

Our New Jersey United Health Front (now known as the Conference of Public Health Committees of New Jersey's Health and Welfare Organizations) has had an active year. It has continued to work for the appointment of highly qualified representatives of the medical and allied professions on the State Board of Health, and met regularly and worked coöperatively with New Jersey's Public Health and Welfare Committees. It has also steadily worked toward the recreation of the New Jersey Health and Welfare Conference of 1939-1940, in which splendid work The Medical Society of New Jersey took so large a part. The printed report of that Conference and the recent United States Public Health Service study comprise foundation source material for everyone in New Jersey who is interested in Public Health and medical service. Former Governor Edison gave wholehearted support to the constructive solution of New Jersey's Public Health needs, as have President Dodds of Princeton University and President Clothier of Rutgers University. There is every indication that Governor Edge, with his past wide experience in administrative matters, will do the same. This is extremely important to The Medical Society of New Jersey, for public health and medical service developments *nationally,* and in our *state,* make it definitely necessary that a clear understanding of the past evolution of Public Health and medical services to meet public needs be had by the *Governor* of New Jersey and *all* of our *state* and *national legislative representatives,* as well as our *allied health professions.* This is the most important task that faces every member of the Society in the year to come.

Good medical service is an integral part of *good Public Health,* and, through the years, our medical profession has coöperatively met such needs in New Jersey by serving as private practitioners in many fields which might be known as the *mixed* or *public* practice of medicine. In private practice, we physicians serve individual patients who come to us and deal directly with us. In *mixed,* or *public* practice of medicine, we deal with patients who, for economic or other reasons are brought to us *collectively*—in other words, in their fields, the private physician serves a *public* or *community* need. Our Society has responded well through the years to all such community needs. *Mixed* type of medicine might include industrial medicine, workmen's compensation, and some part of hospital practice, particularly clinics. *Public Health practice* of the physician has included pre-natal clinics, infant welfare clinics, school health services, tuberculosis and venereal disease clinics, etc.

At the present time we have four developments in *New Jersey* and *nationally,* which can seriously affect this orderly evolution of private and public practice in response to individual and community health needs. These four developments are: (1) the Wagner-Murray-Dingell Bill in Congress, (2) the Emergency Maternity-Infancy Care of Wives and Infants of Men in the Armed Forces, (3) the revision of New Jersey's Constitution, and (4) the reorganization of New Jersey's administrative departments. Any one or all of these developments can revolutionize the *private* and *public* practice of every doctor in this Society in the year ahead of us. It behooves every member of this Society, however crowded we are with the tremendous demands of medical services in this wartime crisis, to *study* these developments and *participate,* with every ounce of strength we possess, with our allied medical and health professions, in an effort to keep all four of these developments in line with the policies of the evolution of *private* and *public* medical practice of the members of this Society in the last decade. Your Chairman of this Committee is also serving as a member of the Committee on Social Security, headed by President-Elect Londrigan; the Committee on Emergency Maternity-Infancy Care headed by Dr. Mount; and is serving as Chairman of the New Jersey Conference of Public Health Committees, in an effort to affect all four of these developments in such a way that the *best interests* of *individual* patients and *community health needs* will be met. Our committees are supporting legislative and other committees of all of our Allied Medical and Health professions. If we are to succeed, we must have the support of every County Society and every member of The Medical Society of New Jersey in the year to come. The American Medical Association, aroused by the Wagner Bill

and the Emergency Maternity-Infancy government medical program, has awakened from its Rip Van Winkle sleep of the last twenty years, and created a fine Council on Medical Service and Public Relations who are doing the best they can on these national health problems; but they are terrifically handicapped by the lag of the last ten years. Therefore, our State Society must redouble its efforts immediately at *county, state* and *national* levels, to maintain the orderly evolution of public and private practice.

In the report of our committee in 1931, we stated that unless the medical profession assumed increasing responsibilities for *every phase* of *Public Health* as private practitioners, that *governmental, political,* and *social agencies* would increasingly assume, not only *Public Health service,* but *private* and *public* medical practice. This prophesy is now in our midst in the shape of these four developments. Unless we work like beavers, this combination of national *governmental* medicine, *political* medicine and *social welfare control* of *medicine* and its allied professions, is imminent, and will inevitably cripple or destroy if unchecked, *free enterprise* on the part of *individual physicians,* and with it the good quality of medical service of the past. Sincere advocates of governmental, political, or social welfare medicine feel that the making of all practice of medicine the *public* practice of medicine, will not destroy good medical services to our patients; but the great majority of thinking physicians *know* that the mechanizing and regimentation of medical services will cause inevitable deterioration in the quality of medical services. Therefore, let us work with might and main in the year to come to direct these developments in orderly channels of *evolution,* rather than *revolution.*

To control these developments, it is necessary that our medical and allied professions by *education* and *conferences* secure the coöperation and support of our *Governor,* our *state* and *national legislative representatives,* as well as the *public* generally—particularly *labor* and *industry* and the *farmers* of this state. Other committees will cover development number (1)—the Wagner Bill and its autocratic federal control of medicine and hospital care, which will seriously affect the *public* and *private* practice of medicine.

Development (2)—the Revision of the State Constitution, and development (3)—the reorganization of the State Government contain the possibility of placing the Health Department of the State as a division of the Welfare Department. This would have unhappy consequences to public health work and medical service by physicians for two reasons. First, health defined in its broadest sense embraces *physical, mental* and *spiritual* health. To accomplish *such health* requires the aid of the *whole field* of *Public Welfare.* Conversely, the *welfare* of an individual, to be constructively good, must embrace *good health.* These two fields are *complementary* to each other. Each is composed of many groups of highly trained individuals who are sincerely devoted to their respective fields. In this free democratic America and in New Jersey both fields have been developed to a high degree of service to our people. It is inconceivable that the workers of either field would do their best work wholeheartedly under the specific direction of the other group. In the few places where this has been attempted, the results have been lamentable, to say the least. To put it bluntly, as an illustration, it is our sincere conviction that no physician, with his special training and experience, could, or would, develop the good will necessary to give his best possible medical service under the immediate detailed direction of a social worker. Conversely, it could hardly be expected that a social worker could, or would do his best for the social welfare of a patient under the immediate detailed direction of a physician. It *is perfectly feasible* and happens every day that *physicians* and *social workers* can and do collaborate as equals as to the health and welfare of individuals. Similarly, it is inconceivable that the medical and allied health professions and health and social workers, now coöperatively aiding both health and welfare departments of our state government, could or would do their best work, if either department came under the direction of the other. This reasoning applies largely to the health and welfare of the millions of New Jersey's *individual* citizens, rather than its institutions.

For this reason, it is important that the Health Department, under our State Constitution and the reorganization of the State government, continue to be an *independent entity.* Otherwise bitter controversy and a lessening of cordial coöperation, in this crucial year of the war, will certainly develop between the health and welfare workers of this state. Furthermore, this issue has a national importance, because these attempts at governmental medicine, at a federal level, largely must flow down to the medical and allied professions through state and local health departments, and any change in their governmental status will endanger the orderly evolution of public and private medical practice which has been the past

policy of our medical profession.

The fourth development—that of Emergency Maternity-Infancy Care of families of men in our armed forces—offers the greatest potential possibility of deterioration of good medical service. By denying American democratic rights to the wife of a serviceman; (i. e., the privilege of *personally* receiving federal funds by *allotment* for maternity and infancy care) on the grounds of *inexperience, youth* and *incapability of being trusted* with such funds, the government has given the state health departments and medical and hospital professions alike, the severest headaches and red tape regulation snarls, with consequent *deterioration* in services to the patient, that this country has ever experienced. The need exists, and while it is declared of an *emergency* nature, there are *definite statements* in *print* on the part of *responsible govenment officials* that it is intended to be a *permanent opening wedge* for *complete public maternity* and *infancy care* of the same nature proposed several years ago in another Wagner Bill (which proposed thirteen million dollars annually for *complete public maternity* and *infancy care.*) The needs of our men in the armed services and their families *cannot* and *should not* be denied, but we in The Medical Society of New Jersey should be able to conceive and put in effect a better method of providing such services, not only of the maternity care and of the infant during its first year, but also of the *other children* of the service man and of *himself* when he returns *after* the war. We can then and now assist him in this important matter of family medical services until he is economically established again at a good American standard of living.

This E.M.I.C. development, with its *twenty-three million dollars* of funds (which may well become *fifty million* within a year) is our *most important problem.* It is not a *potential* thing like the others, but is *actually* in being and in *operation.* I regret to report that this whole program has developed *steadily mounting difficulties,* and for many obvious reasons lacks the *good will* and *hearty coöperation* on the part of our physicians which are the *essential factors* in the development of *good medical services.*

Dr. Levy of the State Department of Health and Dr. Mount's Advisory Committee have tried their best to make this program help our servicemen in a proper democratic manner, but the denying of *direct allotments* to the servicemen's wives, coupled with *multiplying hamstringing federal detailed regulations* have been *fatal errors.* We must immediately construct a better plan of medical service to our servicemen's families, *carefully* and *generously* adjusted to whatever their income levels are found to be *individually,* by our *individual* family physicians. This is of vital importance to the orderly evolution of public and private practice of medicine and should receive the major attention of our State Society *at once.* I cannot stress this too strongly, for *if we fail* on this development, all of our efforts during the past ten years to develop medical practice, private and public, by *orderly evolution* to *meet the public needs,* will have become nullified. If we fail to solve the servicemen's families' needs *wisely* and *very soon,* governmental medicine will rush through this present breach in the dike of sound medical services which we have erected, and will be likely to engulf us entirely in the next few years. Furthermore, we should attempt to keep the *private* and *public* practice of medicine, as far as possible, in approximately the same position as when we entered the war, in order that the thousands of physicians in the armed forces and the millions of men in the service, might have the opportunity to *personally* participate in whatever changes there should be in the private and public practice of medicine for the betterment of such services. They are scattered all over the world, fighting for our freedom. Let us be loyal to the traditions of a free America and the free enterprise of our founding fathers, and do our part in the year to come by *fighting* for *their freedom,* as well as our own.

RECOMMENDATIONS

1. *Tropical Diseases*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that a program of Prevention and Control of Tropical Diseases be inaugurated by the Society, either under the Post-Graduate Medical Program of Dr. Decker's Committee and Rutgers University or as part of the Public Health Committee's program, or both, as the incoming administration should decide.

2. *Public Health Relations with Legislators*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that close working relationships and conferences be developed and maintained with the Executive and Legislative representatives in New Jersey, namely, the Governor of the State, state and national legislators, and particularly the Public Health Committees of New Jersey Senate and New Jersey Assembly, as to all matters pertaining to Public Health and medical services, with special reference to the Wagner-Murray-Dingell Bill, and the Children's Bureau

Emergency Maternity-Infancy Program for wives and infants of men in the Armed Services.

3. *Public Relations with Public Groups*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that working conferences be developed and maintained with official representatives of allied medical professions, health and welfare agencies, the State Bar Association, and official representatives of labor, industry, and agriculture as to all matters pertaining to Public Health and medical services, and particularly the factors involved in the development and maintenance of high quality medical services, in order to create a general public understanding of the problems now confronting us.

4. *Our Fellow Members in the Armed Services*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that our fellow member physicians in the armed services be kept well informed as to these new developments affecting Public Health practice and private practice, and that insofar as it is possible, their opinions and ideas be collected by this Society, publicized in the State *Journal,* and that they be urged also to register their reactions with our state and national legislative representatives as to these difficult developments and thus help preserve the freedom of medical practice in our country for which they are fighting.

5. *Medical Society Administrative Staffs*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that in order to provide state and county medical society officers with sufficient full-time able executive secretaries, County Society headquarters, and office staffs, and to properly and continually represent our busy physicians in these complicated Public Health, private practice and medical service developments, that all member physicians, during this critical period, be urged to contribute voluntarily three to ten dollars monthly to a state and county society joint fund, dedicated to the preservation of the same type of individual private and public health practice of the members of The Medical Society of New Jersey in the armed forces and at home as existed previous to the war.

6. *Emergency Maternity-Infancy Government Care*

In order that the Public Health practice and private practice of medicine of New Jersey's physicians shall continue to meet public needs by orderly evolution, it is recommended that *definite* and *detailed plans* be made at once to render the *best possible available medical services* to the wives and children of men in the armed forces, by a specific policy of a *direct* and *generous* adjustment of all medical fees to the circumstances of each service family by our individual physicians—such good care of servicemen's families to be the *first concern* of every physician in this Society,—a similar adjustment of medical fees to be extended both to the servicemen's families in the postwar period and to the servicemen themselves, until such time as the family income has reached a good American standard of living,—this plan to be in strict accordance with the past traditions of our medical profession as to service, and to be our real tribute to the brave spirit and steadfast courage our young men have shown, in facing, for all of us, the real perils of this war.

Let us do all these things, to paraphrase the words of that good American, Abraham Lincoln, "in order that good quality medical service of the people, by the people, and for the people of America shall not perish from the earth".

MEDICAL PRACTICE COMMITTEE

SIGURD W. JOHNSEN, M.D., Chairman, Passaic

Referred to Reference Committee "E"

FINAL REPORT ON POST-WAR PLANNING

The Subcommittee on Medical Practice, as a result of its study of post-war planning, presents the following principles and recommendations for adoption by The Medical Society of New Jersey:

1. We believe the American system of Private Practice of Medicine is the best system of medical practice in the world. We believe it has produced the most satisfactory and unequaled type of medical practice to be found anywhere under any plan of Medical Practice. This system of Private Practice must be preserved so that we may continue to render the highest type of medical service to all the people in New Jersey. We reaffirm our faith in the free, competitive, individual private prac-

tice system, and maintain that it will continue to function and result in a constantly improved type of medical service in the post-war era.

We recommend that further steps be taken to maintain the prestige and repute of our system of private practice. This can be accomplished by restoring the control of medical practice to the individual physicians, aided by a closer coöperation and coördination of professional activities through our own medical organizations and other bodies directly controlled by professional members, such as the "Medical Service Administration", the "Medical-Surgical Plan", and the "Medical-Dental Service Bureau", etc.

We further recommend that physicians carefully scrutinize the practice of delegating authority and privileges to nurses, technicians, hospitals, charitable organizations and indirect health agencies who often use medical men to advance their own interests to the detriment of the physician. Many of these agencies should confine their efforts to educational activities rather than usurping professional prerogatives.

We further recommend that steps be taken to assure the individual physician of an adequate economic reward from his practice so that he may continue to occupy a place of respect and dignity in our economic and social order. Organized medicine must show more concern for the welfare of its own members as well as the public it treats.

2. Changes in the economic phases of the practice of medicine are an inherent part of the system of private practice. The medical profession has welcomed constructive changes in methods of payment when these changes have been sound and did not result in a deterioration of the medical services rendered. The allegations that organized medicine has opposed sound economic plans for distribution of medical costs is unfair and untruthful. Organized medicine has welcomed constructive changes and has, therefore, approved the principle of pre-payment plans for medical services, when these plans have been operated under conditions where the existing high type of medical service has been maintained and where supervision and control of such plans have been approved by the recognized medical profession.

We, therefore, recommend that the medical profession wholeheartedly coöperate in the voluntary insurance plans set up by The Medical Society of New Jersey, namely, the "Medical-Surgical Plan" and the "Medical Service Administration".

We further recommend that other forms of economic plans which have for their purpose making medical services available to all the people of New Jersey, at a cost within their reach, be studied and tried out under the supervision of our organized medical societies.

3. Relationships between hospitals and physicians have been deteriorating to the detriment of hospitals, physicians and patients. Disagreements, dissatisfaction and open revolt has occurred in some instances. Basically, the welfare of hospitals, physicians and patients are the common concern of all three parties.

A clarification of the difficulties is needed badly. The following are therefore offered as a basis for arriving at a mutual understanding:

Hospitals are corporations organized to care for the sick under the responsibility of physicians.

Corporations are prohibited from practicing medicine by the laws of most states. The present definition of what constitutes "Practice of Medicine" is a matter of controversy between hospitals and physicians of New Jersey and should be clarified and redefined.

It is, therefore, proposed that the services rendered by physicians to patients, whether in or out of the hospitals, be designated as medical services, embracing diagnosis as well as treatment. These services include anesthesia, radiology, pathology, physio-therapy, surgery, obstetrics, and all other medical and surgical specialistic services. If a hospital, a corporation, employs a physician at a fixed stipend or on a commission or percentage basis and charges and collects a fee for his professional services and retains the amount collected, regardless of whether the hospital profits or loses under such an arrangement, then such a hospital is in fact engaged in the practice of medicine, since the physician so employed is the agent of the hospital. As a result of such practice, an agency relationship exists between the hospital and the physician.

We, therefore, recommend that a ruling on this point be obtained at the earliest possible time so that steps can be taken to settle the legal question involved.

4. Hospital Service Plan trustees should be requested to delete from their contracts all medical services and arrange for such services to be incorporated in the contracts issued by the Medical-Surgical Plan of New Jersey as soon as may be practicable.

5. The medical staffs of all hospitals should again have adequate membership on the Board of Trustees, and should perfect closer forms of coöperation so that the mutual responsibilities of both may be better appreciated and closer teamwork brought about.

6. Hospitals and physicians should come to a definite agreement as to the classification of patients as charity cases, semi-private and private cases. No physician should be requested to render gratuitous services to patients other than those classified as charity cases. A uniform agreement on this policy would remove many of the problems now harassing both hospitals and physicians.

7. The responsibility for the care of the medically indigent should be assumed by a cooperative arrangement between government and the medical profession.

8. We affirm the principle of government subsidies in aiding those elements of our population in need of medical care but unable to secure it through their own efforts and resources. These subsidies should, however, be allotments for specific purposes and disbursed by specific agencies, provided that governmental control or regimentation of the professional activities of physicians rendering such services be definitely eliminated. It is as much a function of government to aid in the restoration of health and cure of sickness for those of its needy citizens, as it is the duty of the physician to render his best efforts and services to achieve this end. It is, however, not right for the physician to assume the burden for these cases, without the coöperation of government aid. We recommend that the Medical Service Administration of New Jersey extend its facilities to all parts of the State.

9. Provisions for the return of our physicians now engaged in the military forces of our country should be studied and planned for. Appointments on hospital staffs should be reserved for them. Above all else, we must remain vigilant and exert our utmost efforts to preserve our system of private practice so that when our physicians who have served their country return, they will have a practice which they may resume.

10. We must maintain our high standards of medical education in the post-war era in order to ensure the same high type of medical service rendered in the past. The system of free and independent medical schools divorced from political control or domination must be restored as soon as possible after victory is won in this war. Medical research and scientific advancement must be kept free if we are to maintain the scientific advances of the past.

SUPPLEMENTARY REPORT

At the meetings of the Subcommittee on Medical Practice and Welfare Committee on March 12th, 1944, the following recommendation was adopted as a supplementary report:

> Subsequent to submitting our regular annual report, we have received in March, 1944, a legal opinion from our counsel, Mr. Wall, and supplementing this, a legal opinion from Mr. J. W. Holloway, Jr., Secretary of the Bureau of Legal Medicine and Legislation of the A. M. A. They state definitely that a corporation cannot practice medicine in the State of New Jersey. They clarify and agree with our contentions as embodied in our annual report.
>
> We therefore recommend that if and when our annual report is approved by the House of Delegates, that
>
> 1. The said House of Delegates instruct the Board of Trustees to
>   a. Take up with hospitals and other corporations the questions involved to the end that they voluntarily comply with the law and no longer practice medicine.
>   b. At the same time officially request each County Society to take up the same problems with individual hospitals or corporations within their jurisdiction in coöperation with the State Society.
>
> 2. The said House of Delegates instruct the Board of Trustees to the end that if hospitals and corporations concerned do not voluntarily comply with the law, the Board of Trustees be instructed and empowered to take further action.

ADVISORY COMMITTEES PUBLIC HEALTH

CANCER CONTROL

Otto R. Holters, M.D., Chairman, Asbury Park

Referred to Reference Committee "E"

In view of the difficult conditions brought about by the war, it was only possible to have one meeting of this Committee, which was held on Wednesday evening, February 9th, 1944, at the Academy of Medicine in Newark.

Those present were: Dr. O. R. Holters, Chairman; Dr. William O. Wuester, Vice-Chairman; Committee members, Dr. H. R. Brindle and Dr. Francis J. McCauley. In addition there were two invited guests, Dr. William W. Cox of Montclair and Dr. Joseph Echikson of Newark, who were interested in our problems.

There was a discussion of the activities of the Cancer Control Committee as it related to Essex County and the State in general.

Following the suggestion and recommendation, and with the approval of all present, it was moved that the activities of the Association of Tumor Clinics be approved. It was further recommended that we reaffirm our previous recognition of the activities of the (a) Women's Field Army, and (b) The Curie Institute.

It was recommended that all existing and prospective Cancer Clinics of the State maintain the minimal standards of those already prescribed by the American College of Surgeons.

It was generally conceded that there was no conflict between the aims of the Women's Field Army and the Curie Institute.

It was emphasized that the Women's Field Army in each county could complement the work of already existing cancer clinics, County Cancer Control Committee, or other agencies, by providing funds and assisting in the educational program.

To clarify the relative position of the Women's Field Army, it is brought to your attention that the activities of this organization are directly under the control and supervision of the Cancer Control Committee of each County Medical Society. This Committee constitutes the Executive Committee of the Women's Field Army in each County.

CHILD HEALTH

Chester R. Brown, M.D., Chairman, Arlington

Referred to Reference Committee "E"

In January, 1943, Newborn Epidemic Diarrhea was made a reportable disease.

This is not a definite disease entity. It is often difficult to make a differentiation from diarrheas of other causes, there is danger of quarantining nurseries unnecessarily. To avoid this and yet to carry out the intent of the law, the committee is working with the State Department of Health to set up a procedure which will detect the true cases and quarantining them without unnecessarily interfering with the maternity service of the hospital.

CONSERVATION OF VISION AND HEARING

Elbert S. Sherman, M.D., Chairman, Newark

Referred to Reference Committee "E"

In accordance with the announced policy of the Society for this year, that committee activities be restricted as much as possible, the Advisory Committee on Conservation of Vision and Hearing has not met and has no report.

CRIPPLED CHILDREN

Frederick G. Dilger, M.D., Chairman, Hackensack

Referred to Reference Committee "E"

The Advisory Committee on Crippled Children has continued the policy of close collaboration with the New Jersey State Crippled Children's Commission that has characterized its activities in the past. There has been consideration of plans to recompense the orthopaedic surgeons caring for these State cases, but the lack of sufficient appropriation in the Commission's budget has so far prevented realization of this aim.

The necessity of the inclusion of the care of the cardiac cripple in the State Commission's work in the very near future, as a prerequisite for the obtaining of matched Federal funds for this work, would seem to indicate the wisdom of having a cardiologist as member of this Advisory Committee, and we therefore recommend that such appointment be made. We also recommend that the juvenile rheumatic heart be considered a crippling condition, and that the Crippled Children's Commission undertake a program to study this condition and, as funds are available, provide for its care.

MATERNAL WELFARE

Walter B. Mount, M.D., Chairman, Montclair

Referred to Reference Committee "E"

The Committee on Maternal Welfare has completed 12 years' work. In 1931, the maternal mortality rate was 59 per 10,000 live births. The greatest decrease occurred in 1935-36 when the maternal mortality rate dropped from 53 to 37, 16 points in two years. The rate has continued to gradually decrease until it was 19 per 10,000 live births in 1942 and, while the reports for 1943 are not completed yet, it can be stated this year the mortality rate will be still lower.

The twelve-point program, started several years ago, is followed as closely as the war emergency will permit. The hospitals have been handicapped by the great increase in the demand for beds and the scarcity of nurses; but with fewer complications at the time of delivery and during the period of puerperium, patients are discharged earlier, making it possible to take care of more deliveries. Obstetrical conferences have been held regularly in some counties for the study of histories of maternal deaths and local obstetrical problems. Due to the emergency there has been no lecture course sponsored by the Committee. Refresher courses are given without charge at Margaret Hague Maternity Hospital, Jersey City. Due to the scarcity of physicians, few have had the time to avail themselves of this valuable opportunity to brush up on obstetrics.

The field physician is an important link between the State Committee and the County Committee on Maternal Welfare. Of the 21 field physicians, one in each county, eight have entered the Armed Service and are greatly missed. In these counties the work is done by the State Committee contacting the County Committee, the hospitals, or the physicians directly in carrying on the work. All deaths connected with pregnancy are investigated by the field physician and histories are obtained for study and classification. This is an important part of the program not only for obtaining correct statistics, but the detailed study of case histories is valuable education. Too often death certificates are filled out hurriedly or thoughtlessly and these mistakes are corrected.

Each year about one hundred annual hospital obstetrical reports are obtained by the field physicians. Each report is made out in duplicate so the Chairman of each County Committee on Maternal Welfare can have a copy from each hospital in his county for study. The hospitals find that the Maternity Service Record Book is a great help in keeping their records and also in making out their annual reports. One-half of the second edition of these books have been sold. These books can be bought through the Executive Offices of The Medical Society of New Jersey, or through the Chairman of the Committee on Maternal Welfare. The large book takes care of 2,500 cases; and the small book 1,000 cases.

The importance of prenatal care is emphasized and gradually is being appreciated more and more. The two systems of providing prenatal care, viz., the Maternity Center in the urban areas and the Community System in the rural areas, make it possible for the hospital clinic or physician to keep in touch with the low-wage or indigent patient through a visiting nurse.

The Nursing Delivery Service and the Consultation Service are available for home delivery in the low-wage or indigent group of patients and are paid for by the State Department of Health through the Bureau of Maternal and Child Health.

The statistical study of maternal deaths is made possible by the coöperation of the physician or hospitals in sending in detailed reports of cases. This study is published each year in The Journal of The Medical Society of New Jersey and is illustrated with maps and graphs showing the maternal mortality rates for the State and Counties for the principal causes of death. These reports are now studied in some of the medical colleges.

Due to the difficulty of travel and the scarcity of physicians on account of the war, making it necessary for most of them to remain near home, the Committee has had only three meetings since last May.

Only through the excellent coöperation of the physicians, hospitals, nurses, allied health agencies, the Bureau of Maternal and Child Health, the office of the State Registrar, and the Executive and Editorial Staffs of The Medical Society of New Jersey has it been possible to successfully carry on this work. The Advisory Committee on Maternal Welfare of The Medical Society of New Jersey greatly appreciates this assistance.

MENTAL HYGIENE

JOSEPH E. RAYCROFT, M.D., Chairman, Trenton

Referred to Reference Committee "E"

This committee, in accordance with the general policy of the Medical Society during the war period, has held no formal meetings during the administrative year just ended.

On the other hand, individual members of the Committee have made very definite contributions in connection with mental hygiene affairs, such as:

1. Coöperation with the screening program in connection with the draft board examinations.

2. Coöperation with plans for rehabilitation, both for those who have already returned from military service and for the long range post-war programs.

3. Talks on mental hygiene subjects before various groups and organizations.

These activities and others that are similar do not lend themselves to a formal report, but nevertheless they do represent an important service to the community.

SCHOOL HEALTH

WILSON G. GUTHRIE, M.D., Chairman, Newark

Referred to Reference Committee "E"

This committee was re-appointed in July, 1943, by President Ralph K. Hollinshed. The personnel of the committee is as follows:

Dr. Grace Kahrs, Newark
Dr. Chester Brown, Kearny
Dr. Norman Quinn, Atlantic City
Dr. Charles DeFuccio, Jersey City
Dr. K. B. Barb, Camden
Dr. Hugh Gillson, Paterson
Dr. V. E. Burn, Newton
Dr. Clarence J. Slack, Trenton

The general measures as embodied at present in the school health program have been considered by the committee. The main objective is the improvement in the health of our school children in the State of New Jersey. These number approximately one-fifth of the state's population. There are roughly 500 school physicians, 175 school dentists, and 675 school nurses.

As a result of travel restrictions and increased work load on the committee members, it has been impossible to have a full meeting in one locality. As a substitute, questionnaires were sent to the committee members on specific problems. Three things were considered—the improvement of the physical examination given the school pupils by the school physicians, increase in the number of school children vaccinated against smallpox, and increase in immunizations against diphtheria. The question was asked if changes in legislation with increased compulsion might benefit these three aims. The majority of the committee was opposed to changes in legislation in relation to the physical examination of the pupils. They were almost unanimous in approval of compulsory vaccination and diphtheria immunization.

TRAFFIC ACCIDENTS AND SAFETY

Millard F. Sewall, M.D., Chairman, Bridgeton

Referred to Reference Committee "E"

At the Spring meeting, this Committee agreed that, because of present conditions, its activities would have to be curtailed throughout the coming year.

A letter has been received from Mr. A. W. Magee, State Commissioner of Motor Vehicles, expressing his appreciation for the help in medical matters that this Committee has afforded him. He expressed the need for a conclusive study and classification of diseases and conditions which might debar the afflicted person from the operation of a motor vehicle. While he had in mind particularly the disease of syphilis and its complications, he left it to our judgment to add to this category. Our special attention was called to the psychiatric problems bound to arise on the return of the veterans from this war. Careful analysis should be made of these cases as they present themselves and reports sent to the Commissioner.

During the year, individual members of this Committee have rendered commendable service in special work carried on in conjunction with the Committee on Public Health.

MEDICAL PRACTICE

AUXILIARY MEDICAL SERVICES

William G. Herrman, M.D., Chairman, Asbury Park

Referred to Reference Committee "E"

At the first meeting of the Advisory Committee it was decided that the reports of recent previous Committees had amply outlined the problems, diagnosed the cause, and had recommended proper curative measures. It, therefore, did not seem worth while to the present Committee to re-hash what has already been properly stated.

Previous committees had contacted hospital authorities without tangible results. It seemed to the present Committee this was a result of the Society at large, both officers and members, not having been whole-heartedly back of our program.

Since the report of last year's Committee, the American Medical Association has gone strongly on record as advising complete separation of hospital services and medical services, whether diagnostic or therapeutic. With this backing added to the protests of the National Specialists Societies, this Committee brought to the various meetings of the Subcommittee on Medical Practice certain resolutions relating to our problems. These resolu-

tions were accepted by the Medical Practice Committee, were brought before the Welfare Committee, and were passed by them. To date neither the Medical Practice Committee nor your Advisory Committee has received word as to whether the Board of Trustees have as yet taken action. These resolutions will be presented by the Medical Practice Committee to the House of Delegates for action.

The Committee has not made any attempt to contact the New Jersey Hospital Association, the Hospital Service Plan or other interested groups since immediate past history has shown that without the active and vigorous support of the Society at large, members as well as officers, such conferences are futile. The Chairman of the Committee, on the other hand, has been personally informed that when such organizations are convinced that the medical profession at large want the changes made in present hospital practice, they will be made.

CONTRACT PRACTICE

Andrew C. Ruoff, M.D., Chairman, Union City

Referred to Reference Committee "E"

When the Committee was organized, I requested the President to appoint a large Committee, to enable us to consider a cross-section of the many problems now confronting the practice of medicine in the State of New Jersey.

During the year I attended several of the meetings of the Subcommittee on Medical Practice, and partook in this Committee's deliberations.

Several problems regarding contract practice presented themselves.

A meeting of the Committee was called some months ago, and only two members attended. We did thrash out the various problems and these were reported to the Subcommittee on Medical Practice. As Chairman of the Contract Practice Committee, I obtained permission from the Subcommittee on Medical Practice to communicate with the various agencies in connection with which there had been complaints as to the fees allowed physicians. These matters are in the course of being solved, but final action has not as yet materialized.

DISTRIBUTION OF MEDICAL CARE

Robert M. Grier, M.D., Chairman, Pleasantville

Referred to Reference Committee "E"

A problem given this committee: "protecting the interests of physicians now in active Military Service" has given us a great deal of trouble. Frankly, we can reach no efficient solution to the matter. There are four points of real interest involving the medical man away from his locality. First of all, his private practice; second, his municipal or other governmental appointments; then, his Insurance Companies; and, finally, his hospital services.

The opportunities for the complete recovery of these appointments are the opposite of the sequence in which they are stated. We believe that all his hospital appointments will be safeguarded for him if he wishes to return to them. Many of these men will return with a complete reversal of ideas of practice, and will enter different specialties. They, of course, will, of necessity, shift for themselves. The others must have returned to them what they left, and not in a divided appointment. There is every reason to believe that political positions will be returned, for most of the men holding these positions have been granted "leave of absence". There is doubt about the Insurance Companies, although we have been told that some, at least, have placed their examiners on "duration leave".

Disposing of the others, we have left the most important — namely, private practice. There is no doubt that hundreds of Service Men will remain in some branch of Veteran work postwar. Again, there will be great numbers seeking new fields, either in specialty

work differing from former general practice, or in group work as reported by several. New Jersey physicians, especially in the smaller communities, will honorably conduct themselves and refer to the returning man patients they have lately received. We do not doubt the truth of that statement in the least. We do fear for those patients who, not being able to have their former family physicians, have called upon practitioners other than Doctors of medicine; our fears equal our inability to cope with this problem. There the matter rests —except that we must all agree to do everything in our power to restore to the returning medical man every patient and position that he formerly held. This cannot be mere verbal flag-waving. It must be done.

"Steps to oppose the Wagner Amendments" was given this Advisory Committee as a part of its agenda. We have conducted this by a constant daily personal interview campaign. We believe that we are doing our part in this work.

This Committee was asked to investigate a "possible inadequate supply of physicians in New Jersey" and "night-call coverage". These two questions were answered by sixteen of the twenty-one counties. According to the answers in the following chart, there is no problem.

The last determination we were asked to make was that of the refugee physicians in New Jersey. From the Board of Medical Examiners we have a listing of physicians, not full citizens, who were licensed between 1936 and 1943.

1936	1937	1938	1939	1940	1941	1942	1943
11	23	62	94	9	3	3	0

The "practice law" was amended in 1939 to require full citizenship. Those licensed subsequent to that date were those who had formerly failed, but were permitted to be reëxamined until they were successful. The Secretary added, "We do not know where these physicians are located as we do not have an annual registration".

Essex County Council of Jewish Agencies could give us no assistance because, "at best we would have only Jewish refugees and those who, at some time or other, have applied for assistance, either financial or otherwise".

National Committee for Resettlement of Foreign Physicians, through Mr. Harry D. Beile, has promised a complete listing; but, to date, he has been unable to furnish it.

The Bureau of Service to the Foreign Born could give us no aid; and the Emigre Service Bureau, which formerly covered the state, is no longer in existence.

The American Committee for Christian Refugees, Inc., and the Catholic Committee for Refugees each wrote us that no data was available.

This Advisory Group recommends that this matter be investigated. All Society physicians

	What communities in your territory have not sufficient physicians?	*Have you made any plans for night calls where there are insufficient physicians?*
Atlantic	none	No problem.
Bergen	none	Discussed by Executive committee and left to communities.
Camden	Atco; satisfactorily covered	No acute problem.
Cape May	none	No problem.
Cumberland	none	No plan needed.
Essex	none	Three districts outlined, 160 participating physicians, all night-calls covered.
Gloucester	none	No problem.
Hudson	none	None needed.
Hunterdon	none	None needed.
Mercer	Titusville	Matter discussed but no plans made.
Middlesex	none	None needed.
Morris	none	None needed.
Passaic	none	Pool-plan underway.
Salem	none	None needed.
Somerset	none	None needed.
Union	scarcity but not desperate	None needed.

We must apologize for Burlington, Monmouth, Ocean, Sussex and Warren. If there is a problem in those districts we are unable to report it. Despite the news items about "lack of medical care", the reports in our hands do not bear them out. Adequate medical attention is available in New Jersey.

are licensed and expect all other practitioners to meet the same obligations. All recently located physicians should be reported to the County Secretary. Despite multiple duplications in reporting, he could easily compile a listing which could be checked against the State Examiner's roll. If we cannot interest ourselves in probable unlicensed practitioners, we cannot expect others to do it for us. We were asleep when the band passed a few short years ago; it is possible that another parade is going by now.

HOSPITAL RELATIONSHIPS

WATSON B. MORRIS, M.D., Chairman, Springfield

Referred to Reference Committee "E"

Three meetings were called during the year, but due to the increased demand made on the members of the Committee there was not a quorum present at any one of them. For this reason a majority vote was obtained either by telephone or correspondence, with a request for a return letter either approving or disapproving the action taken by those present.

At the Organization Meeting in July, 1943, two important subjects were discussed.

1. The appropriation of Federal funds for the maternal care of noncommissioned servicemen's wives, including pre-natal and post-natal care. Included in the plan is the care of the child during the first year of life. The plan was discussed and the following resolution adopted:

Whereas, The program for the maternity care of the wives of enlisted men, as operating in this State through funds allocated to the State from the Federal Government, sets up a fixed fee for the payment of physicians for services rendered;

Therefore, Be it resolved, That the Advisory Committee on Hospital Relationships in its report to the Subcommittee on Medical Practice disapprove fixed fees for maternity, breast abscess, circumcision or any other medical service that comes within the program, and that the acceptance of the maternity fee be an individual arrangement between the patient and the participating physician.

At the same meeting the proposed Amendments to the Social Security Act were considered in detail and the following resolution passed:

Whereas, Title IX of the proposed Amendment to the Social Security Act sets up a system of Hospital Insurance whereby every individual who is currently insured shall be entitled to receive hospital benefits, and

Whereas, This system is to be supervised and controlled by one man, the Surgeon General of the U. S. Public Health Service, in consultation with a board of sixteen members, referred to as a Council, and

Whereas, This system would lower the quality of hospital care and would also be detrimental to the health and welfare of our people, and

Whereas, In New Jersey, the Hospital Service Plan has successfully operated a voluntary plan and is coöperating with the Medical-Surgical Plan which covers the cost of medical and surgical care in the hospital;

Therefore, Be it resolved, That the Advisory Committee on Hospital Relationships expresses its disapproval and opposition to Compulsory Health Insurance in any form.

The second meeting, which was held in September, 1943, was a joint meeting of our Committee with the Advisory Committee on Auxiliary Medical Services.

The subject of the meeting was that of the relations between the physician and the hospitals. It was generally agreed that the relations between them are not satisfactory to either and are reflected in the care of our patients. Adjustments should be made which would be to the advantage of all concerned.

The following recommendations were made and were approved by a majority of this Committee:

Hospital Service Plans should delete from their contracts all medical services and arrange for such services to be incorporated in the contracts issued by the Medical-Service Plan.

The Medical Staffs of all hospitals should have more representation on the Board of Trustees, and should perfect closer forms of coöperation so that mutual responsibilities of both may be better appreciated and closer teamwork brought about.

Hospitals and physicians should come to a definite agreement as to the classification of patients. No physician should be requested to render gratuitous services to patients other than those classified as charity cases.

The third meeting was devoted to consideration and discussion of three items presented by the Advisory Committee on Auxiliary Medical Services relating to the program of our Committee, which were approved.

INDUSTRIAL HEALTH AND HYGIENE

J. Mallory Carlisle, M.D., Chairman, Westfield

Referred to Reference Committee "E"

In presenting this report of an unusually active year, your Committee calls attention to the fact that we have closely followed the lead and program of the Council of Industrial Health of the American Medical Association, and we wish to acknowledge the real help and encouragement which we have received from that Council, particularly from Dr. Carl Peterson and Dr. Orlen Johnson. Your Chairman wishes to testify also to the assistance and wholehearted coöperation he has received from the members of his Committee, each one of whom has contributed generously of his time, knowledge and activity in the many tasks that have been assigned to him.

In addition to the usual routine matters which, incidentally, have increased as a result of war activities, your Committee has given its attention to and actively participated in the following projects:

I. We have conducted a survey of the medical personnel of the entire State of New Jersey to record the extent of full-time, part-time and potential activity in the field of Industrial Medicine.

II. We are represented on and have functioned closely with the New Jersey Procurement and Assignment Service as well as the War Participation Committee.

III. We have put into effect a program encouraging a freer exchange of information among physicians engaged in Industrial Medicine concerning mutual problems. Because our State is highly industrialized and supports many industries that have made rapid advances and have been subjected to sudden and unfamiliar changes in manufacturing processes, many problems have arisen that are peculiar to our State. It seems that one of the best ways of most rapidly solving these problems is by the plan we have instituted.

IV. Educational Activities:

(a) We have contributed frequent articles to *The Journal* of The Medical Society of New Jersey.

(b) We have completed 96 one-hour lectures on Industrial Medicine to over 300 industrial nurses.

(c) We have actively participated in the conduct of several post-graduate courses in Industrial Medicine for physicians.

(d) We have outlined and are organizing a post-graduate course in Industrial Medicine leading to the M.S. degree. This course envisions 2½ years of lectures and studies in Industrial Medicine, including actual attendance and work in Industrial Medical Departments.

V. We have maintained close coöperation with the Bureau of Industrial Health of the New Jersey State Department of Health. This new Bureau was made possible through the action of your committee, together with the untiring efforts and sustained support of the U. S. Public Health Service, and in particular of Drs. Pierce, Townsend and Bloomfield. Major Hazard, the Director of the Bureau, has your Committee's complete support and confidence and is doing a splendid job.

VI. We have worked closely with the New Jersey Association of Industrial Physicians in their series of formal scientific meetings to which the medical profession at large has been invited. Evidence is rapidly accumulating of the material benefits that have accrued as a result of your Committee's coöperation with the various bureaus and committees mentioned.

VII. With the help of private practitioners, the Bureau of Industrial Health, the Industrial Nurses' Association, the National Association of Manufacturers and the Cham-

ber of Commerce, we have formulated and activated a plan whereby necessary information is disseminated and professional assistance secured for small industries. The maintenance of good health among employees in the smaller industries remains our most difficult problem but it is one to which we propose to devote increased attention.

VIII. We have devoted some effort to the instigation of controlled scientific research, specifically to studies on:

(a) Nutrition in industry.
(b) Noise and fatigue.
(c) Pulmonary edema.
(d) Methemoglobinemia.
(e) Chemical and thermal burns.
(f) Special toxicologic studies.

IX. The Chairman of your Committee attended the National Conference on Medical Service and the Annual Congress on Medical Education held in Chicago on February 13-14, 1944. At both these meetings Industrial Medicine was discussed at length and particular attention was given to questions regarding prepaid medical service in industry. Under-graduate and post-graduate industrial medical education was discussed as well as the establishment of a program.

On February 15-16, 1944, your Chairman attended the Sixth Annual Congress of Industrial Health of the American Medical Association held in Chicago. Each state was afforded an opportunity to report on their activities for the past year. These reports gave evidence of widespread and growing interest in Industrial Health. Your Committee is proud to state that as a result of the sustained support of The Medical Society of New Jersey and particularly Dr. Sigurd Johnsen, as well as the Bureau of Industrial Health of the State Department of Health and of the New Jersey Association of Industrial Physicians, its own report compared most favorably with any of the others and indicated that our State had been one of the most active in this important field.

X. We have collaborated with the Newark Safety Council in formulating and organizing a post-graduate course of sixteen two-hour lectures on, Industrial Medicine, which will be presented under the auspices of the Committee, the New Jersey Association of Industrial Physicians and the Academy of Medicine of Northern New Jersey.

XI. *Scientific Papers and Editorials:*

Essential Procedures in the Immediate Care of Fresh Major Traumatic Wounds, J. Med. Soc. N. J. 40: 263-265, July 1943.

Treatment of Burns and Foreign Bodies of the Eye, J. Med. Soc. of N. J. 40: 89, March 1943.

Editorial, Ind. Med. Section, J. Med. Soc. N. J. 40: 319-320, August 1943. (Necessity of medical service in smaller industries, including outline of article.)

Editorial, Ind. Med. Section: Ominous Trends, J. Med. Soc. N. J. 40: Sept. 1943.

Epidemic Kerato - conjunctivitis, Special Warning Bulletin, J. Med. Soc. N. J. 40: 151-152, April 1943.

The Economic Outlook of the Postwar Physician, J. Med. Soc. N. J. 40: Sept. 1943.

Medical First Aid in Eye Accidents and Injuries, The Sight-Saving Review 13: Summer 1943.

The Toxicity of Certain Organic Solvents in Industry, published in Principles and Practice of Industrial Medicine, 1943.

Traumatic Shock and Burns, published in Principles and Practice of Industrial Medicine, 1943.

Pulmonary Edema, J. A. M. A., 123: 947, Dec. 11, 1943.

Early Treatment of Thermal Burns—1, J. Med. Soc. N. J. 40: 459-461, Dec. 1943.

XII. *Lectures*

The Problem of Absenteeism, Seton Hall College, Newark, June 8, 1943.

Common Occupational Illnesses and Injuries, Seton Hall College, Newark, June 9, 1943.

The Care and Prevention of Occupational Injuries, Seton Hall College, Newark, March 10, 1944.

Industrial Medicine, Chamber of Commerce, Elizabeth, February 24, 1944.

Recent Advances in Chemotherapy, N. J. Health Officers' Association, Trenton, N. J., February 25, 1944.

Series of 14 lectures on Industrial Medicine, Temple University Medical School, Philadelphia.

Series of 96 lectures on Industrial Nursing, Rutgers University, Newark, N. J.

Post-graduate Training Courses in Industrial Medicine, Long Island College of Medicine, Brooklyn, N. Y.

XIII. *Scientific Exhibits:*

Industrial Medicine, Annual Meeting of Medical Society of New Jersey, Newark, May 1943.

Civil, Industrial and War Injuries, Annual Meeting of The Association of Military Surgeons of the U. S., Philadelphia, October, 1943.

Clinical, Ellectrocardiographic and Pathologic Correlation of Certain Common Cardiac Conditions, Annual Congress of Industrial Health, Chicago, February 1944.

MEDICAL CARE OF THE INDIGENT AND LOW-WAGE GROUP

George Blackburne, M.D., Chairman, Newark

Referred to Reference Committee "E"

Three meetings of this Committee have been held during the year. It is our pleasure to report very definite and practical accomplishments in our program to provide adequate medical care for the indigent and medically indigent.

THE FARM SECURITY MEDICAL PLAN

This plan is operated on a state-wide basis by Medical Service Administration. It is sponsored by Federal Farm Security Administration for the benefit of low-income farm families as part of a rehabilitation program. It has been in operation for three years.

During the past year the plan experienced financial deficits, due to faulty enrollment and high sick rates. This has necessitated a prorating of physicians' fees. Steps are being taken to correct this defect, effective May 1, 1944, when a new understanding between Medical Service Administration and Farm Security Administration becomes effective.

It is our opinion that this plan fills a definite need, improves the distribution of medical care and health among this group and provides a source of income to the profession. We recommend the plan be continued and given the full support of the profession.

CITY OF NEWARK MEDICAL PLAN

This plan has been operated by Medical Service Administration since November, 1943. By an arrangement between the Administration and the Newark Department of Health and Newark Department of Welfare, persons whose names appear on the indigent rolls of the City of Newark are allowed free choice of physician for the first call during any illness for medical care rendered in their homes, permission for subsequent calls being arranged for by the physician or patient through Newark Department of Health. The Administration is reimbursed for expenditures at the rate of $2.00 for day calls and $3.00 for night calls plus 10 per cent for administrative costs.

This plan sets an important precedent, which has aroused considerable national interest. It demonstrates the ability of the profession to coöperate with local government. It is an acknowledgment by local government of its obligations to the indigent. It is a model upon which to base future activities.

As of December 1, 1943, the City of Newark appropriated money for care of medically indigent persons. The complete development of this plan awaits a clearer definition of the medically indigent, and separation of the medically indigent for whom the city is responsible from those medically indigent in categorical groups for whose care state funds are available.

We express our deep appreciation to the Honorable John A. Brady, Commissioner of Public Affairs of Newark, for his sincere cooperation, and his profound interest in the welfare of the people of Newark.

OLD AGE ASSISTANCE CLIENTS

As of November 1, 1943, there were 25,554 persons in New Jersey entitled to medical care benefits under the Division of Old Age Assistance. The appropriation for their medical care averages $45,000 per month, of which about 75 per cent is for physicians' fees. Medical care rendered these beneficiaries is not entirely satisfactory. Much of the money appropriated for physicians' care is expended for other purposes by the clients.

In certain counties, with the coöperation of the respective county societies, satisfactory plans for the care of these clients have been evolved.

It is recommended that each county society coöperate with its County Welfare Board to evolve a plan whereby medical service appropriations are pooled on a county level and disbursed only for payment of medical services. By this means this money will be used more economically, provide a more efficient type of

medical care, and provide a better income to the profession.

We recommend that the foregoing program be given the complete moral and financial support of the Society. If medical care distribution is to be retained under local control, we must convince local governments of their resonsibilities. If we are to protect the interests of our members now in military service and provide an income for them on their return, we must develop and conserve all sources of income to the profession.

NURSING AND NURSING EDUCATION

A. CHARLES ZEHNDER, M.D., Chairman, Newark

Referred to Reference Committee "E"

The activities of the Committee on Nursing and Nursing Education during the past year have been mostly consultative with the Nursing Association and other committees of The Medical Society of New Jersey.

Our committee did not find it necessary to hold any meetings as there have been no important matters to consider.

Due to the exigencies of the times we have decided to hold meetings only when absolutely necessary.

PHARMACEUTICAL PROBLEMS

CHESTER I. ULMER, M.D., Chairman, Gibbstown

Referred to Reference Committee "E"

Two meetings of the Committee have been held during the past year, both in conjunction with the Committee on Professional Relations of the State Pharmaceutical Association. Cordial and coöperative relations continue between the medical and pharmaceutical professions in our State.

NEW JERSEY FORMULARY

It is unfortunate that many physicians have become somewhat careless in their prescription writing and have become mere distributors of proprietary preparations. The New Jersey Formulary can be used effectively to perfect prescription writing. More physicians should make use of the N. J. F. and its helpful list of practical prescriptions. If any member of the State Society has misplaced his copy of the Formulary, a new one can be secured by writing to the Executive Office.

NEW CHAIRMAN

Dr. Reeve L. Ballinger, a capable member of the Committee has recently been elected chairman of the Joint Committee on Professional Relations of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association.

WORKMEN'S COMPENSATION

WILLIAM K. HARRYMAN, M.D., Chairman, Hackensack

Referred to Reference Committee "E"

This Committee wishes to report that during the present year not as much has been accomplished as we would have liked due to the amount of time spent by the Medical Practice Committee on post-war problems, particularly in reference to the matter of State Medicine.

At the start of the year we did get a bill and report form approved for compensation cases in New Jersey. This has also received the approval of the Department of Labor. However, I have noticed that all the companies are not using this. Whether this is due

to deliberate neglect on their part or merely that they are using up old forms already printed I do not know.

There have been no new projects started by this Committee and we have merely tried to coöperate with various other committees in their work.

There have been no medical bills referred to us for consultation that were introduced in the Legislature this year, but a number of individual letters have been answered from various doctors and agencies pertaining to Workmen's Compensation matters in our state.

I wish to thank the members of my committee for their coöperation although they have not been called upon to do very much individually. I wish to thank the members of the various other committees for their coöperation with our Committee.

SPECIAL COMMITTEE

WAR PARTICIPATION

J. Mallory Carlisle, M.D., Chairman, Westfield

Referred to Reference Committee "D"

The present functioning committee acts in an advisory capacity to the Procurement and Assignment Service of New Jersey, a detailed report of which appears on page 166.

APPROVED AGENCIES

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY

Thomas K. Lewis, M.D., President, Board of Trustees, Camden

Referred to Reference Committee "C"

Since our last report to the House of Delegates social security as a national problem has been considerably clarified. A large portion of the American people are in favor of additional security benefits under provisions of the Social Security Act. Those favoring such additional social security insist upon the inclusion under the Act of protection against the cost of modern medical care. The latest evidence of this fact is the 1943 Wagner Bill, which has met with the approval and received the active support of that large percentage of our population represented by "labor" and "white collar" groups.

The efforts of the medical profession to guide this program, to protect the welfare of the profession, and to prevent the complete control of the private practice of medicine by federal bureaucracy, is being hampered by lack of unity among the profession, lack of adequate national leadership, and lack of an adequate alternative for a complete federal program of medical care.

Whatever the final solution of this controversial problem may be, we will have a medical profession of the future, and this medical profession of the future, and the physicians now in our armed forces who will be a part of the medical profession of the future, are entitled to protection through appropriate actions of the medical profession of today. If we are to

give proper protection to the profession of the future, maintain the standards of medical care, protect the welfare of the people and the standing of the profession we cannot disregard social trends, the growing demand for more efficient distribution of medical care and the demand for greater protection against the costs of medical care.

The Medical Society of New Jersey, together with twenty-two other State Societies and the American Medical Association, has gone on record as advocating voluntary health plans, operated under control of the profession, as an approved approach to the solution of this problem for employed persons, as an alternative to a compulsory federal program. The Medical Society of New Jersey has gone on record as advocating state subsidy to defray the costs of medical care rendered the indigent and medically indigent.

The success of this program in New Jersey will require sound practical policies from the House of Delegates, the support of all county societies and the sincere participation of all physicians in accordance with the best judgment and will of the majority.

The two agencies organized by the Society to promote this program are, 1, Medical Service Administration of New Jersey, and 2, Medical-Surgical Plan of New Jersey.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

Medical Service Administration places emphasis on studying the medical care distribution problems of the indigent and medically indigent and evolving plans to provide for their medical needs.

Farm Security Administration Medical Plan

For three years the Administration has operated the Farm Security Administration Plan of New Jersey, sponsored by the Federal Farm Security Administration of the Federal Department of Agriculture, as part of a rehabilitation program for the benefit of indigent and low-income farm families. During the past year this Plan has experienced a deficit and on several occasions has been unable to pay physicians the agreed upon fees of $1.50 for office calls and $2.50 for house calls. The total expenditure to physicians for medical care was 93 per cent of the agreed-upon fee schedule but this was accomplished only through the expenditure of $1,094.00 from reserves accumulated during previous years, which almost depleted this reserve. This difficulty is due to an unsatisfactory percentage of enrollment among eligible families. Some families who experienced no illness while insured under the Plan felt that the subscription to the Plan was an unnecessary expenditure against the modest budget allowed them by the federal government. Others dropped out because of dissatisfaction with the services rendered or inability to obtain services from physicians of their choice. The result has been the retention in the plan of families with a high incidence of illness for whose care the subscription rate is insufficient to maintain the agreed upon schedule of payments to physicians.

We enjoy the full support of Farm Security Administration representatives in this State and with their assistance hope to correct the existing enrollment defects. We look to the profession for full support. The Plan is in accordance with policies established by the Society. It establishes an important precedent in building an administrative framework through which organized medicine may deal with federal agencies in improving medical care distribution among groups of people for whom the need for additional medical care has been shown.

City of Newark Medical Plan

Since November, 1943, the Administration has been operating the City of Newark Medical Plan, sponsored by the City of Newark for the benefit of the indigent and medically indigent persons of Newark. Under agreement with the City of Newark the practice of providing medical care for the indigent by salaried physicians has been discontinued. The present arrangement provides for free choice of physician and the payment for all approved calls to the home of the patient at the rate of $2.00 per visit or $3.00 per visit for calls after 8 p. m. Additional appropriations by the city provide for inclusion in the Plan of families approved by the City Department of Health as medically indigent.

If a program of organized medicine is to be successful, all communities must be convinced of their responsibilities for adequate care of the indigent and medically indigent. Otherwise this function and obligation of local government will be assumed by the federal government. We believe that in the organization of this Plan we have established an important precedent and we are grateful to the Honorable John A. Brady, Commissioner of Newark, for the support he has given to us and to the medical profession in finding a solution for this problem in Newark.

Medical Service Administration is not, and probably never will be, self supporting. If it is to continue its work as an administrative

and research agency of the Society it must receive financial support from the Society.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

This Plan deals with the medical problem of self-supporting employed persons, to assist in providing payment for adequate medical care rendered while such persons are bed patients in our general hospitals.

The Plan has been in operation 18 months. It is self supporting, has paid all operating expenses and all claims in accordance with its pre-determined estimates.

Attention is invited to the report covering activities of this Plan for the 18 months terminating December 31, 1943, published in the February issue of *The Journal.*

Amendments to the Act under which the Plan operates were introduced in the State Legislature on February 21, 1944. These amendments, if passed by the Legislature, will allow for the correction of alleged defects in our contract determined as advisable by our experience. Formal announcement of these changes must await action of the Legislature.

This Plan, like other parts of the Society program, evolved after careful study, to protect the future welfare of medicine in New Jersey, must have the support of every physician and every county society if the integrity and sincerity of the Society and medical profession is to be upheld. We urge that the House of Delegates take proper action to support this Plan on a statewide basis in accordance with national and state policies and the will of the majority.

Supplementing our report as of December 31, 1943, a report as of March 31, 1944, will be prepared for consideration by the House of Delegates.

PROCUREMENT AND ASSIGNMENT SERVICE OF NEW JERSEY

Charles H. Schlichter, M.D., Chairman, Elizabeth

Referred to Reference Committee "D"

Procurement and Assignment Service of New Jersey presents for your consideration the following report of its activities during the past year.

ORGANIZATION

Procurement and Assignment Service of New Jersey continued its work on the same organization basis as reported to the House of Delegates last year with the exception that in Morris County the County Consulting Committee was discontinued at the request of the Committee. Other County Committees and the State Advisory Committee continued to function as during the previous year.

Procurement and Assignment Service continues as a Federal agency, guided by policies of the Central Board of Procurement and Assignment Service, and administered under policies of the Office for Emergency Management as a subdivision of War Manpower Commission. It is not officially a function or part of the program of The Medical Society of New Jersey, but is conducted with the advice of County Consultants, who are members of The Medical Society of New Jersey, appointed by the New Jersey Chairman; and a State Advisory Committee appointed by the Chairman of the Procurement and Assignment Service Committee of the Second Service Command.

ACCOMPLISHMENTS

The following number of New Jersey physicians have been commissioned in the military services:

On duty as of January 1, 1943	1,634
Commissioned during the year of 1943	341
Total ordered to active duty	1,975

The above includes only those whose commissions and active duty orders have been confirmed by reports from Washington, D. C. Additional cases, recently commissioned and concerning which no confirming report has been received, would probably increase the above figures to 2,000 physicians commissioned.

DISTRIBUTION OF CIVILIAN PHYSICIANS

Every effort has been made to maintain an equitable distribution of physicians remaining in civilian practice. The relative shortage is more severe in Southern New Jersey, particularly in small communities and in rural areas. It is not always possible to maintain an adequacy of physicians in small communities and

in such cases such communities must depend upon supplementary services of physicians in adjacent communities.

During the year nine physicians relocated in areas of shortage, in addition to a considerable number of men who have entered the State to accept positions with industry, or physicians of New Jersey who in addition to their civilian practice have taken on an industrial position.

We believe there is no area in New Jersey in which there is a critical need for a physician or where the shortage is such as to prevent the distribution of adequate essential medical care to the people.

The Commissioner of Health in New Jersey has been asked to inform Procurement and Assignment Service of any known area where he felt the shortage of physicians was sufficient to interfere with the health of the people.

THE INTERN PROBLEM

The most difficult problem of the year has been the provision of adequate interns in our hospitals.

Under an arrangement between Procurement and Assignment Service and the War and Navy Departments it is assumed that all Class A graduates, eligible for military service, will have been commissioned at the time of graduation. These graduates will be allowed a nine-month internship and from among these interns a quota will be deferred to fill qualified residencies.

Under the program New Jersey was assigned a quota of 272 interns and 47 residents and each hospital was assigned a definite quota within the State quota.

In 1943 the number of internships available in the 52 hospitals approved for internship training was 371. The number of interns allocated to these hospitals in the new program is 272. This equals 74 per cent of available internships. But of our 371 available internships in 1943, only 186 were filled. The internship difficulty in New Jersey is not a matter of quotas. It is inability on the part of the average hospital to fill its quota. This is not a defect in the program but a defect in our hospitals which do not carry on an adequate intern training program or make internships sufficiently attractive to new Class A graduates. It is a defect which should be corrected. It should be presented to the medical staff of every hospital unable to fill its quota.

The approved assistant residencies and residencies available in these hospitals in 1943 was 89, with only 68 filled. The New Jersey quota of residencies under the program totals 47. The problem of residents in New Jersey hospitals proves a difficulty. There are in New Jersey 89 approved residencies but many of our hospitals, not approved for resident training, employ salaried physicians to serve as general residents. We have been able to improve the resident situation, with the approval of the Central Board of Procurement and Assignment Service, by increasing the number of residents to 73, thus allowing for the employment of a certain number of physicians to serve as "mixed residents" in general hospitals.

The problem of intern shortage, therefore, is not new in New Jersey but became apparent at this time due to discrepancies between the number of interns previously on duty in certain of our hospitals as compared with the number that would be on duty under the quota. This problem of intern shortage is not properly a problem of Procurement and Assignment Service but was deemed of sufficient importance to justify its reference to The Medical Society of New Jersey and the New Jersey Hospital Association in an effort to find a solution. Procurement and Assignment Service felt it encumbrant upon themselves to take the initiative and have, through a special committee, conferred with the representatives of hospitals, hospital staffs and the medical school deans. The problem is now in the hands of a committee appointed by Procurement and Assignment Service consisting of representatives of The Medical Society of New Jersey and the New Jersey Hospital Association. The medical members of this committee were appointed by The Medical Society of New Jersey. The Chairman is Dr. Richard H. Dieffenbach of Newark, New Jersey.

It is apparent that if New Jersey is to be adequately supplied with Class A graduate interns, our hospitals must formulate a definite intern training program. Otherwise, Class A graduate interns will be advised, by the Deans of their respective schools, to accept internships in the hospitals of other States. We agree with the Deans of Class A medical schools that the intern training given graduates is a continuation and a part of the undergraduate training of physicians.

The problem is in the hands of the special committee and Dr. Dieffenbach informs us that he wishes to hold another meeting of his committee before making a statement for presentation to the House of Delegates. We recognize the importance of this problem and request that the House of Delegates give it their considered attention.

STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY

E. S. HALLINGER, M.D., F.A.C.S., Secretary, Camden

Referred to Reference Committee "D"

During the period of January to December, 1943, the Board examined one hundred and sixty-four applicants for a license to practice medicine and surgery. Nineteen of the applicants were graduates of osteopathic colleges.

The Board also examined five applicants for a license to practice chiropody.

TABLE I—SHOWING NUMBER OF CANDIDATES FOR THE 1943 EXAMINATIONS, CLASSIFIED AS GRADUATES OF MEDICAL COLLEGES IN THE UNITED STATES AND FOREIGN COUNTRIES AND ACCORDING TO CITIZENSHIP

	Citizens	*Non-citizens	Total	Passed	Failed
MEDICAL					
United States					
Graduates of Medical Schools	119		119	119	
Osteopaths Who Qualified for a Full License to Practice Medicine and Surgery	19		19	18	1
Poland	1		1	1	
Canada	3		3	2	1
Italy	11		11	2	9
Austria	3		3	3	
Germany	2	1	3	3	
Hungary	2		2		2
Great Britain	1		1	1	
Switzerland	2		2	1	1
CHIROPODY					
United States	5		5	5	
	168	1	169	155	14

*Those who were non-citizens had taken the examination prior to the passage of the amendment requiring full citizenship and failed and were entitled to reëxamination. They submitted Declaration of Intention to become a citizen of the United States and were granted a license valid for six years from Date of Declaration.

One hundred and forty licenses were issued to applicants for endorsement of a license from another state who presented credentials to prove they could meet the requirements for examination that were in force in New Jersey at the time they were examined.

TABLE II — *Showing Licentiates by Endorsement Classified as Graduates of Colleges in the United States and Foreign Countries*

Countries	Total
United States	109
Canada	4
Great Britain	2
Austria	8
Germany	4
Italy	7
Hungary	4
France	1
South America	1
	140

All credentials covering medical and hospital work submitted to the Board were verified by questionnaires sent to the colleges and hospitals before a license was issued, also licenses issued to applicants in foreign countries that were submitted by candidates for the examination who were graduates of foreign medical schools, and licenses issued in the United States submitted by applicants for endorsement.

The laws governing the practice of medicine and surgery, osteopathy and chiropractic, do not provide for an annual registration. The Board does not, therefore, know whether the number of licentiates in the State now in practice is increasing or decreasing.

TABLE III—*Showing Number of Physicians and Surgeons, Osteopaths and Chiropractors, Endorsed to Other States, the Number of Licentiates of Whose Death the Board Received a Report and the Number of Licenses Revoked.*

Physicians—Endorsed to Other States	23
Osteopaths—Endorsed to Other States	3
Medical Licenses Revoked	2
Medical Licenses Suspended	1
Medical Licenses—Complaint Dismissed	1
Medical Licenses Revoked—Defendant took writ of certiorari to Supreme Court. Supreme Court affirmed Board's action. Defendant then appealed to Court of Errors and Appeals. Court of Errors and Appeals reversed the decision of the Supreme Court	1
Osteopathic Licenses Revoked	1
Midwifery Licenses Revoked	2
Midwifery Licenses—Complaint Dismissed	1
Deceased Physicians	92
Deceased Osteopaths	5
	132

An annual registration would give the Board accurate information in regard to the number of physicians practicing in New Jersey and would enable the licensed physicians to assist the Board in enforcing the law by reporting unlicensed physicians in their vicinity.

The laws governing the practice of chiropody and midwifery do provide for an annual registration and our records show a decrease of twenty-three in the number of chiropodists registered on November 1st, 1943, and a decrease of seventeen midwives for the same period.

ENFORCEMENT

Following is a brief report of the Board's activities in enforcing the laws which they administer:

Court Cases—Violation of Medical, Etc., Laws

Convicted, Pleaded Guilty or Settled	50
Lost—No Appeal	3
Decision Reserved	2
Pending in the Courts	12
Chiropodists—Failure to Register	1
	— 68

Cases—Supreme Court

Won by Board — Appeal to Supreme Court by Defendant — Judgment of Trial Court Affirmed—Appeal to Court of Errors and Appeals by Defendant Pending	1
Won by Board — Appeal to Supreme Court by Defendant — Judgment of Trial Court Affirmed	1
Application for Writ of Certiorari to Review Judgment of Lower Court Made and Granted	1
	— 3

Hearings Before Board

Medical—Licenses Revoked	2
Medical Licenses—Complaint Dismissed	1
Medical — Revocation or Suspension Pending	2
Midwifery—Licenses Revoked	2
Midwifery Licenses — Complaint Dismissed	1
	— 8
	— 79

CLASSIFICATION OF INVESTIGATIONS AND INSPECTIONS

Type of Cases Investigated	No. Investigated
Druggists Practicing Medicine	28
Prescribing Herbs and Drugs	15
Medical Doctors	81
Unlicensed Chiropractors	47
Licensed Chiropractors Exceeding License	5
Unlicensed Osteopaths	1
Licensed Osteopaths Exceeding License	2
Unlicensed Chiropodists	3
Licensed Chiropodists Exceeding License	2
Masseurs and Massage Treatments	12
Naturopaths	4
Physio-therapists	13
Laying-On-of-Hands	1
Medical—Revocation	2
Osteopathic—Revocation	1
Licensed Osteopaths Practicing Under Another Name	2
Midwifery—Revocation	4
Licensed Chiropodists Practicing Chiropody After Failure to Register	2
Licensed Chiropodists Failing to Display Name	1
Nurse Practicing Medicine	1
Licensed Chiropractor Practicing Under Another Name	1
Miscellaneous	10
	238

ANALYSIS OF INSPECTIONS AND INVESTIGATIONS MADE

Total Number of Investigations and Inspections Made	238
Total Number of Visits Made and Treatments Received in Making the Investigations and Inspections	1,066
Average Number of Visits per Investigation	4.4

COUNTY SOCIETIES

ATLANTIC

Theophilus H. Boysen, M.D., President, Egg Harbor

The chief function of the *Legislative Committee* has been to inform as many people as possible of the monstrosity of the Wagner-Murray-Dingell Bill. The Legislative Chairman has made several public addresses to various civic groups and explained to them in detail this most vicious piece of legislation. After contacting certain influential people in Washington, we have been led to believe that this bill will not be reported out of Committee. Even though this bill is not reported out of Committee this year, unquestionably it will rear its ugly head at the next session of Congress and an enlightened public is the only sure way we have of being able to defeat such socialistic measures. The February, 1944, issue of *The Journal* of The Medical Society of New Jersey contains information regarding this bill, and it is hoped that advantage has been taken of the opportunity offered therein to supply patients with the material.

Complying with the request of the State Public Relations Committee, the *Public Relations Committee* of the Atlantic County Medical Society formed a Speakers' Bureau, which is prepared to function. The Committee has made a serious effort to have each member write a letter to each National Senator and Congressman, stating his objection to the Wagner-Murray-Dingell Bill. The Woman's Auxiliary to the Atlantic County Medical Society has been a tremendous help through the Telephone Committee.

Night care of patients is adequately covered in Atlantic County.

Due to the fact that there would have been an insufficient number of registrants, no postgraduate course in medicine was sponsored by the Atlantic County Medical Society.

The Society has been functioning under the Constitution and By-Laws as amended in 1942.

No business has been brought before the Committee on Medical Practice and Rehabilitation or the Insurance Committee.

BERGEN

Floyd E. Keir, M.D., President, Englewood

Enlistment in the Government services by upwards of 130 of our members has caused great defections in our ranks in Bergen County, but despite the reduced attendance, our regular meetings were held on schedule and intact.

Among the outstanding accomplishments of the year might be listed the following:

1. Complete revision of the Constitution and By-Laws; printing and distribution of same to members.

2. Revision of the monthly Bulletin through a newly appointed editorial committee and the establishment of an editorial page to serve as a sounding board for opinions expressed by the membership. An overseas section for the benefit of the men in the armed services has proved to be of inestimable value to men scattered over the far corners of the earth.

3. A joint meeting of the Bergen County Bar Association and the Bergen County Medical Society for the discussion of medical-legal problems.

4. A dinner tendered to Congressmen Towe and Thomas when our opposition to the Wagner-Murray-Dingell Act was voiced and support of our point of view was promised by both Congressmen.

5. A meeting of the Hospital Planning and Medical Service Committee was called for March 8th, at which time the problems concerning present and post-war hospital planning for Bergen County were discussed.

Our Scientific Committee, working under the usual handicaps of war-time restrictions, has functioned well and provided programs of high calibre and diversified interests. Among

the high spots of the year might be noted a program on Tropical Medicine, by Eugene R. Kellersberger, M.D.; The Treatment of Injuries Received from Exposure to Poison Gases, by Major Charles C. Chapple; The Modern Treatment of Syphilis, by Arthur Grace, M.D.; and The Modern Treatment of Heart Disease, by Arthur DeGraff, M.D.

CAPE MAY

George M. Brooks, M.D., President, Cape May Courthouse

Due to the scarcity of physicians in Cape May County and the increased duties of those of us who are left, there have been only three meetings of the Society during the past year.

On September 12th, there was a dinner meeting with Congressman Wene at the Claridge Hotel in Atlantic City at which time we discussed with him the Wagner-Murray-Dingell Bill.

At our last two meetings, the Wagner Bill has been discussed at some length and definite plans were formulated for presenting the case to the public through addresses to civic organizations by members of the Society.

Cape May County Medical Society now has an active membership of 26, of which six members are in the Army.

At the October 15th meeting, the following officers were elected:

President, Dr. George M. Brooks
Vice-President, Dr. John B. Townsend
Secretary, Dr. Marcia Smith
Treasurer, Dr. Frank R. Hughes

CUMBERLAND

F. Muriel Ramsey, M.D., President, Millville

The officers of Cumberland County Medical Society were elected for the year 1943-1944 on April 13th, 1943.

Many of our members are serving in the armed forces. However, the attendance at our meetings has been fairly good throughout the year.

At the October meeting a report was given of the attendance of the President and a representative at a meeting held jointly with Cape May and Atlantic Counties' representatives at Atlantic City, September 13th, with Congressman Wene regarding the Wagner Bill. The result of the meeting was that the Congressman would give the Bill "my careful consideration". During each meeting the Wagner Bill has been discussed and publicity has been spread throughout the County relative to the Wagner Bill.

In November we held an evening meeting with Dr. John Beardsley as speaker. This proved one of the highlights of the year. Drs. H. Garrett Miller, Millard F. Sewall, Charles M. Gray and Frank R. Sheppard were the honored guests as outstanding members of the Society.

At the December meeting Dr. A. J. Friedland of Vineland was taken into membership on transfer from Cape May County. Dr. Friedland is now located in Vineland.

At the February meeting Dr. N. W. Henry was elected to membership.

Although no outstanding business has arisen during the year, we feel that 1943-1944 has had scientific success. Our programs have been carefully planned and very capably presented. The members of our Society have enthusiastically received the various papers.

Cumberland County rounds out its year feeling that with its contributions to the armed forces and its greater demands upon the practicing physician, this Society is one of the leading organizations in the war effort program in the County.

ESSEX

J. Wallace Hurff, M.D., President, Newark

The Essex County Medical Society has had a very active and successful year. Our activities have been increased on account of the war. There have been new problems arising because of food and gasoline rationing and the obstetrical care of soldiers' wives.

The changing trends of socialization in medicine have been absorbing our interest to a considerable extent. In view of the importance of this subject we have devoted three of our monthly meetings exclusively to it. This has aroused interest and discussion among our members and a realization by the officers of our Society that if we do not move fast in combating the Wagner-Murray-Dingell Bill and substitute plans for fulfillment of the medical needs of our county, we will find ourselves forced into a bureaurocracy of legislative medicine with all its consequences.

Our program consisted of eight monthly meetings, three of which, as stated above, were devoted to the topic of socialized medicine and the Wagner-Murray-Dingell Bill. The other meetings were devoted to scientific sessions, the remaining one to our Annual Meeting. The attendance at our meetings was good, considering that 30 per cent of our members are in the armed forces and the remaining heavily burdened with work.

The County Society, with the coöperation of the Mayor of Newark, has worked out a plan for care of the indigent sick of the City of Newark. This plan is working satisfactorily and the experience obtained will serve as a basis in the fulfillment of similar plans in the future.

We have aided the Red Cross at their Blood Donor Stations, by obtaining doctors to serve for this most humanitarian purpose.

We have tried to acquaint our membership, as well as the Woman's Auxiliary, with the importance of our interest in the Wagner-Murray-Dingell Bill.

Dr. Norman M. Scott has been very helpful in this respect, in that he has lectured to the Woman's Auxiliary on this subject and stressed the importance of disseminating accurate knowledge to other organizations or clubs.

Listed below are the programs for our monthly meetings:

October 14, 1943—Symposium; speakers: Dr. E. W. Sprague, Dr. Norman M. Scott, Dr. Frederic Quigley, Dr. Sigurd Johnsen, Dr. George Blackburne.

November 11, 1943—Speaker: E. A. van Steenwyk, "The Public's Stake in Non-Government Health Insurance".

December 9, 1943—Joint meeting with the Academy of Medicine. Speaker: Dr. Robin C. Buerki, "The Future of Graduate and Post-Graduate Medical Education".

January 13, 1944—Speaker: Dr. J. Burns Amberson, "Differential Diagnosis of Unusual Pneumonias".

February 10, 1944—Speaker: Dr. Clifford B. Lull, "Unusual Problems in Obstetrics and Caudal Analgesia".

March 9, 1944—Symposium on the Medical Aspects of Social Security. Speakers: Mr. Fred Kellogg, Mr. Matthew Woll, Dr. Norman M. Scott.

April 13, 1944—Speaker: Dr. Virgil H. Moon, "Treatment of Shock in Burns".

May 11, 1944—Annual Meeting.

The following is a report on several of our most active committees:

Publication: This Committee continued, as usual, with the printing and distribution of the Bulletin. Thanks to the diligence of Dr. Barkhorn and the coöperation of the office staff, the Orange Publishing Company and various Committees, a most satisfactory Bulletin has reached the members throughout the year.

Child Welfare: The Child Welfare Committee has endeavored to attain three objectives during the past year. First, they have obtained and dispensed over twenty-five hundred ounces of breast milk in their collecting center. Second, they have set up procedures for the prevention and control of Infectious Diarrhea of the New-born. These suggestions have been sent to each hospital in the county and have been posted in their nurseries. Third, they have prepared a pamphlet on uniform immunity procedures. This will be sent to each member to help bring up to date the more recent developments in immunity procedures against contagious diseases.

Due to the shortage of space, we cannot continue with the activities of our various Committees, but we reiterate, there has been much activity in the past year.

MERCER

PATRICK H. CORRIGAN, M.D., President, Trenton

Mercer County has been extremely fortunate during the past year in being privileged to hear several outstanding authorities, well qualified to interest, enlighten and entertain the members on such subjects as "Surgical Appliances in Rehabilitation", "Present Status of the Sulfonamide Compounds", "Protruded Intervertebral Discs and Hypertrophied Ligamentum Subflavum", "Evaluation of the Diagnostic Procedures and Therapy in Peripheral Vascular Diseases".

A public meeting, greatly augmented through the assistance of the Woman's Auxiliary, was held in January, with an exceptionally large audience. The President invited questions, which were answered by our guest speakers, on "Nutritional Regime", "Pediatrics, Embracing Preventive Immunization Procedure" and "Morale and Juvenile Delinquency".

The problems arising in general practice as the result of curtailment of facilities and diminishing personnel in the ranks of the physicians and nurses, were thoroughly discussed at the February meeting.

The Public Relations Committee has been extremely active, being fully cognizant of the present day economic problems, and in conjunction with the Industrial Relations Committee promulgated a campaign of educational value to employed men and women, through the media of the press, radio and Speakers' Bureau, following a most spirited discussion of these subjects at one of our most enthusiastic meetings.

The Cancer Control Committee in collaboration with the Field Army has shown exceptional progress in the work of education and advancement of scientific procedures.

Medical Service Administration, including Hospitalization and Medical-Surgical Plans, was ably presented and thoroughly discussed by a vitally interested large attendance.

Thorough discussion of "S. 1161" with an outline of suggestions in the establishment of a "Beach-head" and supporting "infiltration" was presented at one of our most important meetings.

In fact, the entire personnel of every committee, appointed by the President after due consideration of the qualifications of each member, has resulted in a most gratifying accomplishment of desired ideals. By their devoted efforts they have enchanced the value of County affiliation, and profoundly demonstrated the weight of organized exertion of the Medical Profession.

The President is desirous of expressing his appreciation of the untiring efforts of his colleagues on these several committees, and he cherishes the fond hope that the advance which they have aided in promulgating the high ideals of the profession will be a sufficient recompense in the contemplation and recollection of a work well done.

MONMOUTH

SAMUEL W. HAUSMAN, M.D., President, Red Bank

The past year has been a rather difficult one for our Society. Out of the former 153 active members, 53 are now serving in the Armed Forces. This has, in some instances, so depleted our hospital staffs in several departments that the work has had to be taken over by men in other services. Situated as we are, in the midst of Army training centers and experimental laboratories, an influx of many thousands of civilian workers and wives and relatives of service men, has made the problem of rendering adequate medical care to the surrounding communities a difficult one. Unfortunately, death has also claimed several of our most active practitioners.

An effort has been made, on the part of the Program Committee, to use local talent almost exclusively for our meetings. This has proven surprisingly interesting and successful. Time has also been devoted to the presentation of the program submitted by the U. S. Children's Bureau through the Bureau of Maternal and Child Health of the New Jersey State Department of Health. Members of social agencies, nurses and various other committee members interested in war work gathered for a full discussion of this problem.

The Society has endorsed the activities of the Women's Field Army relative to the Cancer Control Program.

A committee of executive members has cooperated with Officers of the Procurement and Assignment Committee of the State Organization in the selection of Society members for commissions in the Armed Services.

Our Society approved a resolution, designed to obtain fuller coöperation between the layman and physician in the operation of our voluntary hospitals, to the end that once again practicing physicians be invited to membership on the Board of Governors and the executive committees of our community hospitals so that the public may have the benefit of the professional experience in establishing the proper medical policy and proper management of the community enterprise in behalf of the sick.

The Society, through its Legislative Committee, has kept alive interest in the present pending Congressional legislation on socialized medicine. We have contacted our representatives in both houses of Congress and informed them of our attitude. A great effort is being made to encourage our individual members to write to our Congressmen and Senators, expressing their interest in this measure.

MORRIS

F. Clyde Bowers, M.D., President, Mendham

Inasmuch as the Morris County Medical Society has had no meetings since the annual meeting in June, 1943, there seems to be very little for its President to report. The decision to cancel all meetings for the year was reached only after considerable deliberation on the part of the Executive Committee. This action was taken as a result of our experience last year when attendance at our meetings was very poor. With fewer practitioners available this year we would not even hope for a respectable representation at a county meeting—hence, the above decision. I offer no apology for what seems to be a relative inertness on the part of our Society, because I am sustained by the knowledge that each and every physician in the county is working overtime to carry his share of the load. More than one-third of our members are in the armed forces of our country scattered all over the globe. The remainder are carrying on the tradition of American medicine at home and in addition helping at the plasma banks, serving on Selective Service examining boards, aiding in civilian defense and performing the many duties expected of them at this time.

We look forward to our next annual meeting on June 15th of this year, at which time we expect to put on a big show with golf, dinner, speakers and all the accessories.

OCEAN

L. Roberto Carmona, M.D., President, Tuckerton

The war has greatly reduced the activities of Ocean County Medical Society and affected our membership to the extent that about 55 per cent of our members are now in the Armed Forces. I believe this to be somewhat of a record for any medical organization and we surely feel mighty proud of our contribution to the war effort. Our membership may now be one of the smallest of any of the component County Societies. There are about fifteen of us left to carry on the work and this has placed a hardship on every man who is taking the extra responsibilities graciously with his main objective to see that the people of our county will not suffer from the lack of medical services. We all believe that medical care throughout the county has been adequate and as high in standard as anywhere else.

Even with the shortage of members the Society has remained active during the year 1943-44. The different committees had to be reorganized into smaller groups to spread the work evenly among the members. The activities of the committees were confined to matters pertaining to war problems, local subjects and legislation.

Anticipating a drop in the attendance for the year and since tires and gasoline must be conserved, we decided last Fall to have a joint monthly meeting with the Medical Staffs of both Paul Kimball and Royal Pines Hospitals. These meetings were fairly successful in spite of the distance that some of the members had to travel.

It is with great regret that I report the death of two of our active members: Major James P. Citta, Flight Surgeon, of Toms River, who was killed in an airplane accident near Roanoke, Va., on May 15th, 1943, and Dr. Theodore F. Thompson of Lakewood, who died from embolism on May 23rd, 1943.

PASSAIC

CHARLES J. MURN, M.D., President, Paterson

The necessity of making this report on the work of the year, before the year seems half finished, is confusing to say the least; so many things remain to be accomplished, so many odds and ends remain to be ironed out, rounded out and united into a complete picture.

The Passaic County Medical Society, true to its traditions, has carried on despite the difficulties of a decreased personnel and an increased burden of private practice and free hospital practice on those doctors remaining at home.

The monthly meetings have been held regularly, and have been fairly well attended, though there will probably always be room for improvement in the attendance at the county meetings. In this age of specialization it is almost impossible to have a program which will interest even a majority of the members. However, the attendance was satisfactory and, on those nights when there was some discussion of the political control of medicine, the members were out in force and showed an interest in the subject.

During the year a list of doctors, willing to do extra night work, and emergency work, and also a list of specialists in the county was published. This list was furnished to those places receiving the most calls for medical services, viz., the six general hospitals of the county, the Physicians' Exchanges of Passaic and Paterson, and the U. S. O. and the Red Cross of Paterson, Passaic, Clifton and Pompton Lakes. This list was also published in the Bulletin and in this way reached most of the druggists of the county.

The Speakers' Bureau has been reorganized mainly to be ready to speak against the Wagner-Murray-Dingell Bill. This is one of the subjects on which one wonders if one has done enough or can ever do enough. The importance of unity of action against this measure needs to be impressed on every individual member of the Society, and they must be urged not to sit back and wait, but to work constantly against this measure.

The Passaic County Bulletin has been published each month, replete with news and information, and I wish to thank the Editor, Dr. Theodore Rothman, whose untiring and almost single-handed efforts made these publications possible.

I also wish to thank the other officers of the Society and the chairmen of the various committees for their interest and attendance at the Welfare meetings and their fine coöperation when coöperation was needed.

SUSSEX

MARTIN I. KIRSCHNER, M.D., Reporter, Vernon

The significant event in 1943 for our County Medical Society was the adoption of a new Constitution, which took three years in its preparation. Our meetings are now held at regular stated intervals. Previous to the adoption of the Constitution, the meetings consisted of listening and acting on correspondence which the Secretary received. Now we have a Council which disposes of all urgent matters between regular meetings; thus, only important subjects are presented for open general discussion. The business meetings are therefore

short. About 40 per cent of the membership is in the armed service, and each member is remembered by the Society with a Christmas gift. Due to the war, the Post-Graduate Committee postponed its work for the duration.

The wife of one of our members was admitted to full membership, and this was the only addition during the year.

The work of our Old Age Committee, working with the Sussex County Welfare Board, has shown that what was previously a "book account" for services rendered our old folks who are on State pension, is now an "active account", and payments are made for services rendered.

We had two guest speakers during the year.

UNION

Irving Lerman, M.D., President, Elizabeth

The Executive Committee urged the members to join the Accident and Sickness Group Plan offered by the National Casualty Insurance Company. Our very able Committee, composed of Dr. Emil Stein, Chairman, and Drs. Beisler, Davis, Leggett and Murphy, made a thorough study of this plan and similar contracts and unqualifiedly recommends this contract, which is approved by The Medical Society of New Jersey, to all members of the Union County Medical Society.

The Public Health Committee—Dr. Herschel S. Murphy, Chairman. The Committee is working in collaboration with the Union County Health Officers' Association for the purpose of establishing uniform quarantine regulations by the various Boards of Health of the different municipalities as well as the medical departments, together with the supervising principals of the schools in the county.

The Committee has studied the problem of the emergency maternity and pediatric care for the wives and children of service men and does not approve of the present contract method of payment. The Committee recommends that the Government make a flat allotment to the pregnant wife so that she may pay the doctor of her choice directly, thus maintaining the personal relationship of the physician and patient.

A recent project in which the Committee is deeply interested is the problem of the rejected draftees and discharged soldiers. A definite program is now being planned and will be ready in the near future.

The Public Relations Committee—Dr. H. R. Livengood, Chairman; the *Legislative Committee*—Dr. Walter F. Phelan, Chairman. The work of these two committees has closely paralleled, particularly in regard to combating the medical implications of the Wagner Bill. The committees have been very active in creating interest in the bill and a number of prominent lay organizations have requested speakers to talk throughout the county on this bill.

The Program Committee — Dr. James M. Carlisle, Chairman. The Committee has presented several very fine speakers this year including Dr. Frederic J. Quigley, Executive Secretary of the Legislative Committee of the State Society, who spoke on the medical implications of the Wagner Bill. This meeting was attended not only by the County Society members but by members of the Allied Medical Professions as the Society felt that this bill is of deep interest to the dentists, druggists and nurses in the county.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

LOSS OF PHYSICIANS' CHECKS

On January 15 the Plan mailed 53 checks, addressed to physicians, for medical services rendered subscribers.

Four of these checks have been reported as not delivered, and new checks have been mailed.

The matter is being investigated by the Post Office Department. If any other physicians have not received payment for services rendered under the Plan contract, and for which they should have been paid in January, will they please notify the Plan office—31 Clinton Street, Newark, New Jersey.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **April, 1944** **No. 4**

TO diagnose the greatest possible percentage of unsuspected cases of tuberculosis, to place these people under immediate and adequate care, to render them and the community safe from further spread of their disease, to rehabilitate every patient into a productive member of society—these are our tasks. Diagnostic procedures that guarantee the maximum return in case finding are those that safely apply the clinical lessons of the past to the pressing problems of the present. No thorough clinician relies exclusively upon a solitary diagnostic aid, even when circumstances strongly tempt him to do so.

TUBERCULIN TEST, X-RAY AND OTHER DIAGNOSTIC AIDS

There is now a strong tendency to "diagnose" tuberculosis by short-cut and sometimes slipshod methods. Recently, a few physicians were asked how they would proceed to find all of the tuberculosis among the population of an entire industry or county. One stated that increased red cell sedimentation rate would ferret out all cases. Another would discover them by finding acid-fast bacilli in their sputa. Still another would employ only X-ray film inspection of their chests. Other similar methods were offered. Each physician presented an important phase of an examination, but not one of them was adequate. To achieve a satisfactory diagnosis each one of this group of physicians would have to examine a given individual in his own way, then pool his findings with those of his colleagues—a wasteful and illogical procedure.

There can be no tuberculosis in the absence of tubercle bacilli; therefore, the first phase of an examination is to determine whether bacilli are present. This can be done by the tuberculin test, which is accurate and specific except in the first few weeks after infection occurs, and in acutely ill and terminal cases. Other failures are usually due to the use of impotent tuberculin or to improper administration. Under proper conditions, then, a non-reactor to tuberculin can be told that he does not have living tubercle bacilli in his body. On the other hand, a reactor has at least primary lesions which contain living tubercle bacilli. Exceptionally, and only when all bacilli die, allergy persists for a time, then wanes and disappears. Inasmuch as primary tuberculosis is a prerequisite for the clinical forms, it is of extreme importance to know whether it is present. The tuberculin test provides this information with uncanny accuracy. With the exceptions mentioned, it is with great rarity that the person with clinical tuberculosis fails to react to tuberculin.

The next phase of the examination consists of inspecting the chests of all adult reactors with the X-ray. On the ordinary film 25 per cent of the lung parenchyma is obstructed from view by shadows of such parts as the heart and diaphragm. Films fail to reveal evidence of primary tuberculosis in 70 to 80 per cent of the persons in whom it actually is present. So, too, may lesions of the reinfection type, because of their size and consistency, escape detection. It is a common experience to view a film which appears clear, yet one of the same chest a few months later reveals evidence of disease. Therefore, adult tuberculin reactors whose lungs appear normal should have films at least annually.

After tuberculous lesions of the reinfection type attain macroscopic (gross) proportions, X-ray inspection is by far our best method of detecting their locations when they are in that part of the lung which is visualized; indeed, they cast shadows on an average of two to three years before they cause significant symptoms. However, final diagnoses should never be made from X-ray shadows, since those cast by tuberculous lesions may be indistinguishable from those of numerous other pulmonary diseases, such as sarcoidosis, silicosis,

malignancy, fungus infections, abscess, and pneumonia. When a lesion is found, its etiology can usually be determined by other methods.

The present, widely used procedure which begins with X-ray inspection of the chests of large groups of adults is laudable, provided it does not end there. All concerned must be informed that (1) X-ray inspection is done with the unaided eyes and reveals nothing but macroscopic (gross) lesions; (2) one-fourth of the lung parenchyma is obstructed from view by shadows of other parts; and (3) final diagnoses cannot be made with accuracy from X-ray shadows. Thus, the tuberculin test screens out those persons who have living tubercle bacilli in their bodies, and from them the X-ray screens out those who have gross lesions which may be tuberculous. Neither nor both procedures constitute an adequate examination.

To determine whether a demonstrable lesion is tuberculous one must seek tubercle bacilli in material obtained from it. Among individuals with extensive tuberculous lesions these are usually promptly recovered from the sputum. When bacilli are not found in more than one of several specimens, or if no sputum is present, gastric lavage may reveal their presence. Visualizing acid-fast organisms by the aid of the microscope may not be sufficient because of laboratory errors and also because nonpathogenic, acid-fast bacilli are sometimes found in the sputum and gastric contents; therefore, their pathogenicity should be determined by culture on artificial medium or by animal inoculation. In the event tubercle bacilli or other pathogenic organisms are not recovered, one should observe frequently new X-ray films to determine whether abnormal shadows persist or any significant changes occur in or around them. However, among persons beyond thirty-five years one should avoid delay, as the lesion may be malignant. In such cases the bronchoscopist should be consulted, as he may promptly reveal the etiology.

There is no more deplorable practice than to have tuberculin tests administered and X-ray films prepared, after which the physician makes diagnoses without seeing the subject and completing the examination. The individual should always be interviewed by the physician. While most persons have no symptoms for an average of two to three years after the disease can be located and practically none of those with primary tuberculosis give histories of significant illness, the tuberculin reactors whose chest films are entirely clear may relate symptoms caused by extra-thoracic tuberculosis. Indeed, they may be developing acute conditions, such as meningitis or miliary disease, or chronic lesions in such parts as the kidneys, pelvic organs, and bones and joints.

Following the interview, even though no significant evidence is obtained, the remainder of the traditional physical examination should be made, since significant pulmonary signs may be elicited from lesions located near the periphery or in parts of the lungs not visualized by X-ray; moreover, lesions may be found during the scrutiny of extra-thoracic regions.

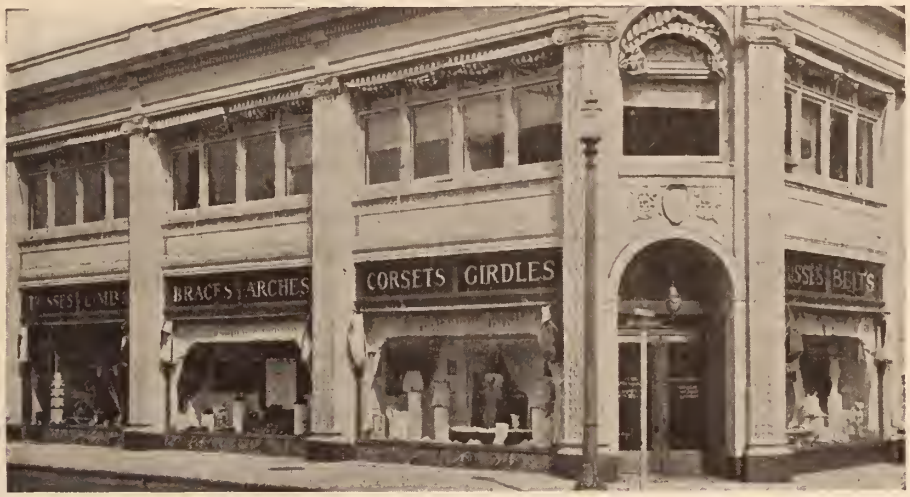
To summarize: Tuberculosis begins when the first tubercle bacilli enter the human body and are focalized in microscopic lesions. At this stage the disease may lie dormant or may even disappear. Again, it may undergo exacerbations and remissions resulting in every form of clinical tuberculosis to which the human body is heir. The physician can now diagnose tuberculosis within a few weeks after the first invasion of tubercle bacilli, and he can detect most of the subsequent lesions with considerable promptness. Either to diagnose tuberculosis when it does not exist or to fail to find it when it is present, is inexcusable. Nearly all errors in diagnosis are due to short-cut or slipshod methods and may be avoided by employing every phase of a complete examination.

Tuberculin Test, X-ray and Other Diagnostic Aids, J. A. Myers, M.D., Journal-Lancet, April, 1944.

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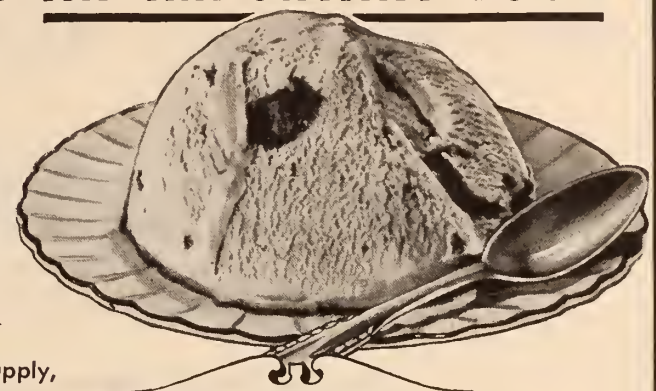
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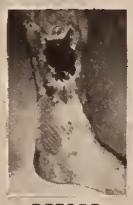
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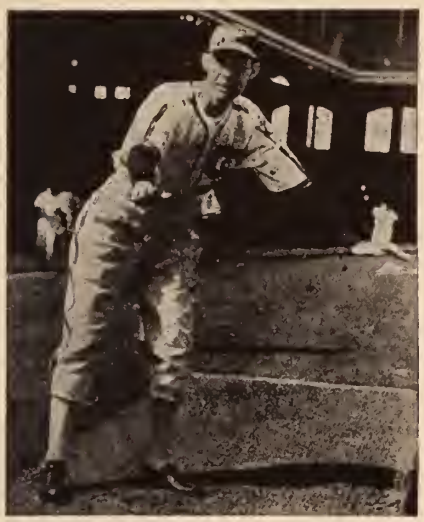
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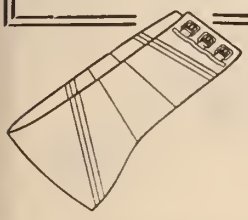
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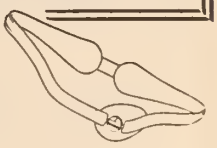
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"He saw S-M-A—'cause he was *looking* for something that would help save him time from doing endless 'rithmetic about proportions of milk, carbohydrate, water for feeding formulas.

"And he began prescribing S-M-A—when he found out what an efficient time-saver it is. In just two minutes he was able to tell Mother how to mix and feed me my S-M-A* . .

"*But S-M-A pleases my Doctor most because he knows that in it he is prescribing an infant food that closely resembles breast milk in digestibility and nutritional completeness!*

"So now he's *always* bragging about me and his other S-M-A babies!

"And Mother says she can hardly believe what S-M-A has done for me *and* my disposition! Sure looks like—EVERYBODY'S happy if it's an S-M-A baby!"

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"Missing in action." You know what that can mean.

Mom says you must be brave. "It's what your father would expect of us," she tells you when it's bedtime and your chin starts to feel shaky. Then she kisses you extra hard and turns her head away so you can't see her eyes.

You've never let her see you cry. Not once, since that telegram came and she twisted it all up in a ball, then smoothed it and put it in the desk.

But, lying in bed, you play "Pretend" — pretend you can hear his step as he comes up to your room — pretend you can feel a stubble brush your forehead. And sometimes, in the dark, you can almost smell a cigarette-y suit close to your face.

Later you dream — dreams that you don't tell about. And in the morning you wake up with that funny, empty feeling in your stomach.

★ ★ ★

Poor little guy. We — all of us — wish there were something we could do. Perhaps there is. Why shouldn't it be this?

We can resolve that the plans your father had for you shall remain within your reach, that you shall have the chance to grow and learn, that your opportunities will be bounded only by your own get-up-and-go, that you will progress and prosper in direct relation to your own ability — in a land of freedom and opportunity.

Those are the things your Dad valued, the things for which he gave his life. Though some may strive to change all that — provide you with the "benefits" of an all-powerful government, the "advantages" of regimentation, the "blessings" of bureaucracy — we can resolve they won't succeed.

★ ★ ★

You, son, won't read these words, and if you did, they wouldn't mean much to you now. But your father's friends — known and unknown — are making you a promise, just the same.

You may never hear it from their lips. But if you were older you would read it in their faces — recognize it in their spirit. They are determined to keep America free. To keep it a land in which government is the servant, not the master of the people. To keep it the kind of America your Dad wanted to preserve — for you.

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THE N.Y. ACADEMY OF MEDICINE
APR 3 1944
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OFFICIAL LIST

of

Fellows and Members

of

The Medical Society of New Jersey

March 15, 1944

Supplement to The Journal of The Medical Society of New Jersey, April, 1944

OFFICIAL LIST OF MEMBERS

OF

THE MEDICAL SOCIETY OF NEW JERSEY

FOR THE YEAR 1944

FELLOWS

"THE FELLOWS ARE THE EX-PRESIDENTS OF THE SOCIETY." (Constitution, Article IV Section 2-a)

Year of Election

1. 1766—Robert McKean, Perth Amboy, 1732-1767
2. 1767—William Burnet, Newark, 1730-1791
3. 1768—John Cochran, New Brunswick, 1730-1807
4. 1770—Nathaniel Scudder, Freehold, 1733-1781
5. 1771—Isaac Smith, Trenton, 1740-1807
6. 1772—James Newell, Freehold, 1725-1791
7. 1773—Absalom Bainbridge, Lawrenceville, 1742-1807
8. 1774—Thomas Wiggins, Princeton, 1731-1801
9. 1775—Hezekiah Stites, Cranbury, 1726-1790

No formal meetings 1776-1780 on account of the War of the Revolution.

10. 1781—James Newell, No. 6 reëlected
11. 1782—John Beatty, Trenton, 1749-1826
12. 1783—Thomas Barber, Matawan, 1730-1807
13. 1784—Lawrence Vander Veer, Roycefield, 1740-1815
14. 1785—Moses Bloomfield, Woodbridge, 1729-1791
15. 1786—William Burnet, No. 2 reëlected
16. 1787—Jonathan Elmer, Bridgeton, 1745-1817
17. 1788—James Stratton, Swedesboro, 1755-1812
18. 1789—Moses Scott, New Brunswick, 1738-1821
19. 1790—John Griffith, Rahway, 1736-1805
20. 1791—Lewis Dunham, New Brunswick, 1754-1821
21. 1792—Isaac Harris, Middlesex County, 1741-1808
22. 1795—Elisha Newell, Allentown, 1755-1799

No formal meetings for twelve years, owing to an attempt to establish a rival society in Eastern New Jersey.

23. 1807—Jonathan F. Morris, Somerville, 1760-1810
24. 1808—Peter I. Stryker, Somerville, 1766-1859
25. 1809—Lewis Morgan, Rahway, 1757-1821
26. 1810—Lewis Condict, Morristown, 1773-1862
27. 1811—Charles Smith, New Brunswick, 1768-1848
28. 1812—Matthias H. Williamson, Elizabeth. Served two years.
29. 1814—Samuel Forman, Freehold, 1764-1845
30. 1815—John Van Cleve, Princeton, 1778-1826
31. 1816—Lewis Dunham, No. 20 reëlected
32. 1817—Peter I. Stryker, No. 24 reëlected
33. 1818—John Van Cleve, No. 30 reëlected
34. 1819—Lewis Condict, No. 26 reëlected
35. 1820—James Lee, Newark
36. 1821—William G. Reynolds, Manalapan
37. 1822—Augustus R. Taylor, Somerville, 1782-1840
38. 1823—William B. Ewing, Greenwich, 1776-1866
39. 1824—Peter I. Stryker, No. 24 and 32 reëlected
40. 1825—Gilbert S. Woodhull, Manalapan, 1794-1830
41. 1826—William D. McKissack, Millstone, 1781-1853
42. 1827—Isaac Pierson, Orange, 1770-1833
43. 1828—Jephtha B. Munn, Chatham, 1780-1863
44. 1829—John W. Craig, Somerset County, 1795-1871
45. 1830—Augustus R. Taylor, No. 37 reëlected
46. 1831—Thomas Yarrow, Sharptown, 1778-1841
47. 1832—E. FitzRandolph Smith, New Brunswick 1786-1865
48. 1833—William Forman, Monmouth County, 1796-1848
49. 1834—Samuel Hayes, Newark, 1776-1839
50. 1835—Abraham P. Hagerman, Somerset County
51. 1836—Henry Vander Veer, Somerville, 1792-1874
52. 1837—Lyndon A. Smith, Newark, 1795-1865
53. 1838—Benjamin H. Stratton, Mt. Holly, 1804-1875
54. 1839—Jabez G. Goble, Newark, 1799-1859
55. 1840—Thomas P. Stewart, Hackettstown, 1798-1846
56. 1841—Ferdinand S. Schenck, Six Mile Run, 1790-1860
57. 1842—Zachariah Read, Mt. Holly, 1808-1879
58. 1843—Abraham Skillman, Bound Brook, 1796-1862
59. 1844—George R. Chetwood, Elizabeth, 1802-1885
60. 1845—Robert S. Smith, Bound Brook, 1800-1874
61. 1846—Charles Hannah, Deerfield, 1782-1857
62. 1847—Jacob T. B. Skillman, Woodbridge, 1794-1864
63. 1848—Samuel Hayes Pennington, Newark, 1806-1900
64. 1849—Joseph Fithian, Woodbury, 1795-1881
65. 1850—Elias J. Marsh, Paterson, 1803-1850
66. 1851—John H. Phillips, Pennington, 1814-1878
67. 1852—Othneil H. Taylor, Camden, 1803-1869
68. 1853—Samuel Lilly, Lambertville, 1815-1880
69. 1854—Alfred B. Dayton, Middletown Point, 1812-1870
70. 1855—James B. Coleman, Trenton, 1806-1877
71. 1856—Richard M. Cooper, Camden, 1816-1874

Year of Election

72. 1857—Thomas Ryerson, Newton, 1821-1887
73. 1858—Isaac Pierson Coleman, Pemberton, 1804-1869
74. 1859—John R. Sickler, Mantua, 1800-1886
75. 1860—William Elmer, Bridgeton, 1814-1889
76. 1861—John Blane, Perryville, 1802-1885
77. 1862—John Woolverton, Trenton, 1825-1888
78. 1863—Theodore R. Varick, Jersey City, 1825-1887
79. 1864—Ezra M. Hunt, Metuchen, 1830-1894
80. 1865—Abraham Coles, Newark, 1813-1891
81. 1866—Benjamin R. Bateman, Bridgeton, 1807-1883
82. 1867—John C. Johnson, Blairstown, 1828-1907
83. 1868—Thomas J. Corson, Trenton, 1828-1879
84. 1869—William Pierson, Orange, 1796-1882
85. 1870—Thomas F. Cullen, Camden, 1822-1877
86. 1871—Charles Hasbrouck, Hackensack, 1818-1877
87. 1872—Franklin Gauntt, Burlington, 1823-1900
88. 1873—Thomas J. Thomason, Perrineville, 1833-1880
89. 1874—George H. Larison, Lambertville, 1831-1892
90. 1875—William O'Gorman, Newark, 1824-1887
91. 1876—John V. Schenck, Camden, 1825-1882
92. 1877—Henry R. Baldwin, New Brunswick, 1829-1902
93. 1878—John S. Cook, Hackettstown, 1827-1900
94. 1879—Alexander W. Rogers, Paterson, 1814-1905
95. 1880—Alexander N. Dougherty, Newark, 1822-1882
96. 1881—Lewis W. Oakley, Elizabeth, 1828-1888
97. 1882—John W. Snowden, Blackwood, 1823-1888
98. 1883—Stephen Wickes, Orange, 1813-1889
99. 1884—Phanett C. Barker, Morristown, 1835-1903
100. 1885—Joseph Parrish, Burlington, 1818-1891
101. 1886—Charles J. Kipp, Newark, 1838-1911
102. 1887—John W. Ward, Trenton, 1840-1916
103. 1888—H. Genet Taylor, Camden, 1837-1916
104. 1889—Beriah A. Watson, Jersey City, 1836-1892
105. 1890—James S. Green, Elizabeth, 1829-1892
106. 1891—Elias J. Marsh, Paterson, 1835-1908
107. 1892—George T. Welch, Passaic, 1845-1924
108. 1893—John G. Ryerson, Boonton, 1834-1916
109. 1894—Obadiah H. Sproul, Flemington, 1844-1925
110. 1895—William Elmer, Trenton, 1840-1908
111. 1896—Thomas J. Smith, Bridgeton, 1841-1932
112. 1897—David C. English, New Brunswick, 1842-1924
113. 1898—Claudius R. P. Fisher, Bound Brook, 1859-1927
114. 1899—Luther M. Halsey, Williamstown, 1858-1921
115. 1900—William Pierson, Jr., Orange, 1830-1900
116. 1901—John D. McGill, Jersey City, 1846-1912
117. 1902—Edward L. B. Godfrey, Camden, 1850-1913
118. 1903—Henry Mitchell, Asbury Park, 1845-1919

Year of Election

119. 1904—Walter B. Johnson, Paterson, 1852-1922
120. 1905—Henry W. Elmer, Bridgeton, 1847-1907
121. 1906—Alexander Marcy, Jr., Riverton, 1860-1934
122. 1907—Edward J. Ill, Newark, 1854-1942
123. 1908—David St. John, Hackensack, 1850-1917
124. 1909—Benjamin A. Waddington, Salem, 1842-1917
125. 1910—Thomas H. MacKenzie, Trenton, 1847-1920
126. 1911—David Strock, Camden, 1850-1927
127. 1912—Norton L. Wilson, Elizabeth, 1861-1931
128. 1913—Enoch Hollingshead, Pemberton, 1843-1924
129. 1914—Frank D. Gray, Jersey City, 1857-1916
130. 1915—William J. Chandler, South Orange, 1842-1927
131. 1916—Philip Marvel, Atlantic City, 1856-1938
132. 1917—William G. Schauffler, Lakewood, 1862-1933
133. 1918—Thomas W. Harvey, Orange, 1853-1938
134. 1919—Gordon K. Dickinson, Jersey City, 1855-1930
135. 1920—Philander A. Harris, Paterson, 1852-1924
136. 1921—Henry B. Costill, Trenton, 1860-1935
137. 1922—James Hunter, Jr., Westville, 1866-1931
138. 1923—**WELLS P. EAGLETON**, Newark, born 1865
139. 1924—Archibald Mercer, Newark, 1849-1931
140. 1925—**LUCIUS DONOHOE**, Bayonne, born 1868
141. 1926—James S. Green, Jr., Elizabeth, 1864-1936
142. 1927—**WALT P. CONAWAY**, Atlantic City, born 1873
143. 1928—Ephraim R. Mulford, Burlington, 1880-1939
144. 1929—**ANDREW F. McBRIDE**, Paterson, born 1869
145. 1930—**GEORGE N. J. SOMMER**, Trenton, born 1874
146. 1931—John F. Hagerty, Newark, 1869-1937
147. 1932—A. Haines Lippincott, Camden, 1867-1937
148. 1933—**FREDERIC J. QUIGLEY**, Union City, born 1883
149. 1934—**LANCELOT ELY**, Somerville, born 1875
150. 1935—**MARCUS W. NEWCOMB**, Brown's Mills, born 1880
151. 1936—Francis R. Haussling, Newark, 1875-1941 —resigned
152. 1936—**SPENCER T. SNEDECOR**, Hackensack, born 1900
153. 1937—**WILLIAM G. HERRMAN**, Asbury Park, born 1890
154. 1938—**WILLIAM J. CARRINGTON**, Atlantic City, born 1884
155. 1939—**E. ZEH HAWKES**, Newark, born 1865
156. 1940—**WATSON B. MORRIS**, Springfield, born 1878
157. 1941—**THOMAS K. LEWIS**, Camden, born 1887
158. 1942—Elias J. Marsh, Paterson, 1875-1943
159. 1943—**RALPH K. HOLLINSHED**, Westville, born 1884

The names of living Fellows are in bold face type.

HONORARY MEMBERS

Year of Election

1. 1930—Joseph E. Raycroft, Princeton
2. 1935—Wells P. Eagleton, Newark
3. 1936—Andrew F. McBride, Paterson

Year of Election

4. 1939—Nathan B. Van Etten, New York
5. 1939—Haven Emerson, New York
6. 1942—Josephine S. Baker, Belle Mead

An Alphabetical List of the Members of The Medical Society of New Jersey

COMPILED MARCH 15, 1944

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Bold face type indicates members in service

A

ACTIVE MEMBERS

Abel, Arthur R. (7)
Abel, Henri E. (20)
Abey, William J. H. (11)
Abrams, Abram B. (7)
Abramson, Solomon (20)
Ackerhalt, Martin J. (16)
Ackerman, Arthur F. (20)
Ackermann, Edward (14)
Ackley, David B. (11)
Adams, Rayford K. (18)
Adelman, Benjamin B. (7)
Adelman, Nathan (7)
Adler, Howard E. (12)
Adler, Joseph (9)
Africano, Julius V. (9)
Agayoff, John D. (2)
Agnew, Hobart M. (7)
Agolia, Michael W. (9)
Ainsley, H. Bryson (9)
Aitken, Frank J. (6)
Aitken, Herbert M. (19)
Albano, Edwin H. (7)
Albano, Frank J. (7)
Albano, Joseph (7)
Albert, Perry (11)
Albrecht, William J. (18)
Albright, Louis F. (13)
Alcamo, John H. (7)
Alcaro, Joseph A. (14)
Alexander, Samuel (2)
Alexander, Stewart F. (2)
Alexander, Walter G. (7)
Alford, Ralph I. (7)
Allan, James S. (7)
Allegrante, Anthony J. (18)
Allen, Arthur A. (16)
Allen, Chester B., Jr. (7)
Allen, Edwin J. (16)
Allen, James M. (16)
Allen, Samuel L. (20)
Alling, Frederic A. (7)
Allman, David B. (1)
Alpert, Edward (9)
Alpren, Bernard F. (16)
Alter, Nicholas M. (9)
Altman, Charles D. (7)
Altschul, Frank J. (13)
Alture, Siegmund S. (20)
Ambrose, Anthony (7)
Ambrose, Robert R. (18)
Amdur, Louis A. (9)
Anderson, John F. (12)
Anderson, Reuben M. (2)
Anderson, Richard D. (3)
Anderson, Robert C. (7)
Anderson, William A. (7)
Anderson, William M. (4)
Andrews, Albert G. K. (16)
Andrews, Clarence L. (1)
Andrews, Thomas H. (13)
Andrus, David L. (4)
Angelillis, Paul (2)
Angelillo, Marc C. (7)
Angelo, Joseph A. (9)
Angioletti, Louis V. (2)
Anrig, Grace E. (9)
Anson, Leon J. (20)
Antonius, Nicholas A. (7)
Antopol, William A. (7)
Anuario, Charles B. (7)
Apfelbaum, Frederick M. (20)
Applebaum, Irving L. (7)
Applegate, Edward T. R. (11)
Applestein, Robert (11)
Appleton, Ralph (15)
Appold, George D. (2)
Apter, Abraham H. (16)
Arbeit, Sidney R. (9)
Areson, William H. (7)
Aria, Charles J. (9)
Aria, Michael H. (9)
Arlitz, William J. (9)
Armstrong, Lorrimer B. (20)
Arndt, Frank R. (9)
Aronis, Harry R. (11)
Aronowitz, Harry T. (9)
Arons, Harry (7)
Artaserse, George V. (9)
Arthur, Frances H. (20)
Asbell, Nathan (4)
Ash, Arthur F. (9)
Ash, Frank W. (16)
Ash, Samuel (7)
Asher, Maurice (7)
Ashley, Harmon H. (11)
Assante, M. Hugo (4)
Aszody, Paul (7)
Athey, Kenneth L. (4)
Atkinson, James Q. (3)
Atkinson, John M. (14)
Atwell, David R. (9)
Atwood, Edward A. (16)
Auriemma, Michele (9)
Austin, Henry J. (11)
Austin, Thomas R. (20)
Averbach, Jacob (16)
Avery, Philip S. (12)
Axilrod, Maurice H. (1)

ASSOCIATE MEMBERS

Adler, Fritz F. (16)
Allison, Mary B. (2)
Auerbach, Friedrich (7)

B

ACTIVE MEMBERS

Babbitt, Hugh M., Jr. (20)
Bachmann, William (7)
Bacon, Mary (6)
Bacote, Ernest F. (7)
Baeseman, R. Winfield (13)
Bahnson, Conrad M. (9)
Bailyn, Emanuel (9)
Baime, Jules E. (7)
Baiocchi, Pascal J. (7)
Baird, Thompson M. (7)
Baker, Augustus L. (14)
Baker, Banks S. (4)
Baker, Elsworth F. (13)
Baker, Hugh W. (6)
Baker, Maclyn F. (7)
Baker, Maurice E. (4)
Baker, Philip W. (10)
Baker, Raymond D. (20)
Baketel, H. Sheridan (2)
Baldauf, Herman, Jr. (21)
Baldwin, John F. (2)
Baldwin, Samuel H. (7)
Ballard, William C. (14)
Balles, Edward S. (16)
Ballinger, Reeve L. (9)
Balogh, William A. (12)
Balsamo, Anthony J. (9)

Balsamo, Joseph J. (7)
Balson, Zachary D. B. (7)
Balze, Henry R. (2)
Bambara, Aurelius J. (10)
Banker, George T. (20)
Banta, Raymond E. (2)
Bar, Samuel (13)
Barb, Kirk B. (4)
Barbano, Alred J. (12)
Barbarito, William N. (9)
Barbash, Roslyn H. W. (2)
Barbash, Samuel (1)
Barbella, Joseph D. (7)
Barberio, A. Arthur (20)
Barbour, George E. (18)
Barishaw, Samuel B. (9)
Barkhorn, Charles W. (7)
Barkhorn, Henry C. (7)
Barlow, Frank A. (16)
Barlow, G. Barton (2)
Barlow, John D. (11)
Barnard, Frank G. (7)
Barnes, William J. (2)
Barnett, Lester A. (12)
Barnshaw, Harold D. (4)
Barolsky, Benjamin (16)
Baron, Herbert A. (2)
Baron, Leo E. (20)
Barone, Francis A. (9)
Barr, Joseph (16)
Barrett, John E. (7)
Barrett, Joseph F. (7)
Barroway, James N. (4)
Barrows, Arthur M. (11)
Barrows, Victor I. (8)
Barry, R. Grant (11)
Bartlett, Clara K. (1)
Baruch, Hilde (20)
Baruch, Rudolf J. (20)
Basralian, Joseph B. (2)
Bass, Rose D. (7)
Bassett, Lavern C. (12)
Bassett, Norman H. (1)
Battaglia, Richard S. (20)
Baum, Felix (7)
Baum, Samuel (7)
Bauman, Everett O. (7)
Bauman, Kenneth R. (6)
Bauman, Rush C. (7)
Baxt, Sidney J. (16)
Bayne, Joseph K. (11)
Beairsto, Everett B. (11)
Beatty, Hannah J. (10)
Beaver, Jennie D. (14)
Bechet, Paul E. (20)
Becker, C. Frederick (4)
Becker, Frank F. (16)
Becker, Frederick W. (7)
Becker, George L. (16)
Becker, Leo V. (16)
Becker, Martin (7)
Becker, Sidney D. (13)
Behrens, Herman H. E. (9)
Beideman, Casper M. (4)
Beir, Ily R. (1)
Beisler, Lawrence G. (20)
Belafsky, Henry A. (12)
Belfer, Jacob J. (11)
Belford, Ralph J. (11)
Beling, C. Abbott (7)
Beling, Christopher C. (7)
Bell, Horace O. (7)
Bell, Thomas (7)
Bellak, Ellis R. (6)
Bellina, George L. (9)
Bellis, Horace D. (11)
Ben-Asher, Solomon (9)
Bender, Dorothea A. (20)
Bender, Louis (7)
Bender, Theodore (16)
Bendix, Gerhard M. (18)
Bengelsdorf, Aron (7)
Benjamin, Harold C. (9)
Benjamin, Joseph F. (16)
Bennett, Robert E. (11)
Bennett, William F. (7)
Bensley, Maynard G. (20)
Bentley, David F., Jr. (4)
Benz, Francis J. (14)
Berardinelli, Carmine G. **(7)**
Berenson, Samuel J. (20)
Beres, Albert J. (2)
Berg, Samuel (7)
Berger, William A. (7)
Bergin, Joseph V. (16)
Bergman, Meyer W. (7)
Bergman, Ewald H. (19)
Bergsma, Daniel (11)
Berk, M. David (16)
Berke, Raynold N. (2)
Berkhout, Peter G. (16)
Berkow, Samuel G. (12)
Berkowitz, Benjamin (6)
Berlin, Joseph I. (9)
Berlin, Morris R. (7)
Berman, H. Robert (7)
Berman, Jacob J. (11)
Berman, Leonard M. (20)
Berman, Sol (20)
Bernard, Richard C. (2)
Bernhard, William G. (7)
Bernheisel, Louis E. (5)
Bernson, Samuel T. (16)
Bernstein, Arthur (7)
Bernstein, Benedict J. (20)
Bernstein, Julius (7)
Berry, C. Hartley (20)
Berry, Leonard M. (11)
Bertha, Nicholas A. (14)
Beshlian, Hagop K. (16)
Besson, Franklin J. (7)
Betancourt, Raul R. (4)
Betcher, Albert M. (9)
Betts, R. Winfield (3)
Bew, Richard C. (1)
Beyer, Othmar J. (7)
Beyer, William (2)
Bianchi, Angelo R. (7)
Biber, David (20)
Biczak, Arkad K. (16)
Bien, Frank A. (7)
Bigelow, Elizabeth F. **(7)**
Bigelow, Nelson S. (7)
Bigliani, Urban R. (9)
Binder, Charles I. (7)
Binder, Joseph (13)
Bird, Frank L. (14)
Birdsall, Clarence A. (7)
Birrell, Russell G. (20)
Bishop, Carl (20)
Bissett, John V. (7)
Bitten, Robert M. (9)
Biunno, Anthony J. (7)
Black, Emanuel S. (8)
Black, Maskell B. (8)
Black, Max S. (20)
Blackburne, George (7)
Blackwell, Enoch (11)
Blair, Thomas D. (20)
Blaisdell, C. Byron (13)
Blake, Albert J. (16)
Blakey, Abram P. (9)
Blanchard, Charles L. (14)
Blanchard, Kenneth (7)
Blank, Samuel (18)
Blatt, David (20)
Blaugrund, Samuel (11)
Blaustein, Maurice L. (7)
Blauvelt-Wells, Grace B. (2)
Bleasby, Charles B. (2)
Bleiberg, Jacob (7)
Bleick, Theodore E. (7)
Blenkle, Victor A. (2)
Bloch, Harry (20)
Block, Marcus T. (7)
Block, Max (7)
Block, Milton (7)
Bloom, G. Homer (21)
Blum, Joseph M. (11)
Blum, Milton (9)
Blumberg, Jack (20)
Blythe, Rowland P. (20)
Bobadilla, Juan E. B. (14)
Bocchini, Joseph A. (7)
Bohl, Louis J. (16)
Bokor, Emery (7)
Boland, Lucy E. (9)
Bolanowski, Kasimier J. (20)
Bolten, Bernard (7)
Bonanno, Peter J. (9)
Bongiorno, Henry D. (16)
Bonnet, W. Laurence (11)
Bono, Joseph J. (2)
Bonomo, Michael J. (7)
Bonynge, Henry A. (16)
Bookrajian, Edward N. (9)
Bookstaver, Barnet S. (2)
Booth, George R. (8)
Booth, Walter S. (20)
Booth, William K. (14)
Boothby, I. Roland (10)
Boquist, Walter A. (21)
Bornstein, David (16)
Bornstein, Paul K. (13)
Borow, Benjamin (18)
Borow, Henry (18)
Borow, Louis S. (18)
Borow, Maurice (18)
Borrella, Dominic D. (11)
Borrone, Milton G. (9)
Borshaw, Hyman (9)
Borsher, Irving P. (7)
Bortone, Frank (9)
Bosch, Taeke (2)
Boselli, Emile H. (9)
Bossard, Harry B. (21)
Bostwick, Delazon S. (6)
Bostwick, Wallace R. (21)
Botbyl, Burt W. (16)
Botti, John A. (9)
Bourns, Edward G. (20)
Bove, Joseph (7)
Bowen, Robert N. (4)
Bowers, F. Clyde (14)
Bowersox, Clarence A. (8)
Bowles, Harry H. (20)
Bowman, Ned O. (12)
Boyd, John B. (13)
Boyd, Robert P. (20)
Boyd, William B., Jr. (19)
Boyer, Charles G .(10)
Boyer, Paul K. (20)
Boyers, Sidney S. (9)
Boyes, James G. (20)
Boylan, Lawrence B. (16)

Boyle, Francis L. (9)
Boysen, Theophilus H. (1)
Boyt, Theodore (12)
Brackett, Elizabeth R. (7)
Bradasch, George A. (9)
Bradford, Stella S. (7)
Bradley, Robert A. (1)
Brady, Raymond J. (7)
Brady, Thomas S. (9)
Brady, William A. (9)
Braitman, Max (9)
Brakeley, Elizabeth (7)
Bramble, Halsey S. (17)
Brams, William M. (7)
Brancato, Peter (16)
Brandman, Otto (7)
Branin, Howard S. (6)
Branon, Mark E. (2)
Brasefield, Edgar N. (21)
Brauer, Selig L. (9)
Braun, David C. (19)
Braun, Edgar M. (20)
Braun, Gustav A. (7)
Braunstein, Sigmund C. (9)
Braunstein, William P. (9)
Bray, William E. (3)
Bregman, Alexander (2)
Bregman, Milton (13)
Breitstadt, Charles A. (7)
Bremer, Kenneth M. (7)
Brennan, Alfred T. V., Jr. (2)
Brennan, Charles L. S. (4)
Brennan, John P. (4)
Brennock, Thomas McG. (9)
Bresev, Morris (9)
Breslow, Alexander E. (20)
Breslow, Samuel (12)
Brethwaite, Samuel H., Jr. (20)
Brick, George J. (9)
Brien, William M. (7)
Briggs, Henry (7)
Brignola, Gerald C. (9)
Brim, Anne S. (7)
Brindle, Harry R. (13)
Brittain, Elmore G. (18)
Broadnax, Mary E. (7)
Brock, H. F. (20)
Brodkin, Eva T. (7)
Brodkin, Henry A. (7)
Brogan, Francis B. (16)
Brokaw, Christopher A. (20)
Bromberg, Charles B. (16)
Brooks, George M. (5)
Brooks, Sidney S. (16)
Broselow, Benjamin G. (8)
Brotman, Harry (7)
Brotman, Morton M. (7)
Brown, Chester R. (7)
Brown, Chester T. (7)
Brown, Edith L. (13)
Brown, Edward V. (7)
Brown, Frank H., Jr. (20)
Brown, Frederick L. (12)
Brown, Harold W. (7)
Brown, Harvey S. (13)
Brown, J. Carlisle (1)
Brown, John H. (16)
Brown, John L. (2)
Brown, Kenneth G. (13)
Brown, L. Greeley (20)
Brown, Leonard (2)
Brown, Lewis W. (7)
Brown, Stanley L. (4)
Brown, William H. (20)
Browning, William J. (4)
Brozdowski, John J. (9)
Bruning, Richard H. (7)
Brunkow, Charles D. (7)
Buchanan, Ralph M. L. (21)
Buckley, Paul J. (2)
Buckley, Richard T., Jr. (11)
Budd, J. Reuben (16)
Buermann, Robert (15)
Bull, Louis M. (7)
Bull, William J. (7)
Bullen, Victor E. (16)
Bump, Samuel C. (2)
Bunnell, Frederick N. (15)
Burbank, Hugh E. (2)
Burbidge, J. Raymond (11)
Burke, Stephen E. (7)
Burkett, J. Paul (8)
Burkett, Wendell J. (8)
Burkhead, Howard C. (13)
Burn, Victor E. (19)
Burne, John J. (7)
Burnett, Charles B. (12)
Burnham, Lyman (2)
Burns, Geoffrey C. H. (2)
Burns, Joseph R. (11)
Burns, Wilmer F. (4)
Burpeau, William P. (7)
Burrill, Benj. B., Jr. (7)
Burritt, Norman W. (20)
Burroughs, Edmund W. (11)
Burstein, Frank (7)
Burstein, Leo Q. (7)
Burstein, Rachel (7)
Busansky, Samuel T. (3)
Busch, Herman (7)
Bush, Archer C. (7)
Bush, Ralph K. (4)
Busicco, Philip S. (2)
Butan, Louis (7)
Butcher, Charles (6)
Butenas, Joseph J. (20)
Butler, Vincent P. (9)
Butterfield, Arey A. (16)
Buvinger, Charles W. (7)
Buzby, B. Franklin (4)
Byck, Louis (7)
Byer, M. Yale (11)
Byrne, J. Arthur (14)
Byrnes, Elizabeth W. (7)
Bythewood, Alton E., Jr. (7)

ASSOCIATE MEMBERS

Belott, Louis V. (7)
Berney, Irving (7)
Berney, Ruth V. (7)
Bernstein, Bertram (11)
Bird, Ivan F. (11)
Boudwin, Norman K. (11)

C

ACTIVE MEMBERS

Cacciarelli, Robert A. (7)
Caggiano, Anthony P. (7)
Caggiano, John D. (17)
Cahill, Laurence A. (7)
Calabrese, D. John (2)
Calasibetta, Charles J. (7)
Caldwell, Donald M. (7)
Caldwell, Julius A. (7)
Caleca, Jack J. (19)
Callahan, Edward J. (20)
Calligaro, Egildo A. (16)
Calvert, William C. (7)
Calvin, Charles H. (12)
Camche, Leo J. (7)
Cameron, Arthur E. (7)
Cameron, C. Paul (5)
Cameron, Edwin A. (7)
Campana, Vincent R. (9)
Campbell, Everette L. (7)
Campbell, James M. (2)
Campbell, William (7)
Campbell, William K. (13)
Campo, A. Guy (8)
Candio, Vincent P. (2)
Cangemi, Vito F. (9)
Cannis, John P. (20)
Cannon, Edward A. (9)
Canright, Cyril M. (20)
Cantelmo, Alphonse L. (7)
Cantini, Raphael S. (20)
Capell, Harry H. (16)
Caprio, Orlando G. (7)
Captanian, Aram A. (13)
Caputo, Anthony R. (7)
Carabelli, A. Albert (11)
Carbone, Francesco N. (7)
Carbone, Ralph (2)
Card, Charles F. (20)
Cardinale, Pasquale F. (20)
Cardwell, Edgar P. (7)
Carey, David S. (13)
Caridi, Salvatore (9)
Carlander, Oswald R. (4)
Carlisle, J. Mallory (20)
Carlisle, John H. (16)
Carlisle, Paul E. (7)
Carlough, David J. (16)
Carman, Fletcher F. (7)
Carmona, L. Roberto (15)
Carpenter, Cedric C. (20)
Carpenter, Charles A. (7)
Carpenter, William H. (8)
Carr, Alexander M. (12)
Carr, Josephus C. (7)
Carr, Mary B. (9)
Carrigan, Francis P. (7)
Carrington, William J. (1)
Carrol, Wilfred (7)
Carroll, C. Walter (11)
Carroll, Thomas R. (2)

Carroll, William V. (11)
Carsley, Sidney H. (20)
Carter, Joseph F. S. (13)
Cartisser, Joseph J. (19)
Cartnick, Louis C. (2)
Caruso, Paul F. (2)
Casagrande, Stephen R. (13)
Casale, John B. (7)
Casciano, Adolph D. (2)
Casilli, Arturo R. (20)
Casselman, Arthur J. (4)
Cassini, Henry C. (7)
Castaldo, Neil (20)
Castellano, Martin G. (7)
Catania, Joseph P. (2)
Catanzaro, Francesco (16)
Cella, Charles F. (11)
Cerone, Daniel M. (7)
Cestone, Canio (7)
Cetrulo, Gerald I. (7)
Chaiken, Louis H. (20)
Chalfant, W. Paxson, Jr. (1)
Chalfant, William P. (8)
Chamberlain, Aims R. (7)
Chamberlain, Richard R. (7)
Champlin, Paul M. (7)
Chapman, Ellis J. (9)
Chapman, Otis P. (20)
Chapman, Robert W. (7)
Chapman, Walter I. (16)
Chapnick, Maurice M. (16)
Charleroy, Durant K. (11)
Charlton, C. Coulter (1)
Charney, William (16)
Chase, Kalman, Jr. (2)
Chattin, J. Franklin (7)
Chayes, Sydney (9)
Chernus, Jack (7)
Cherry, Homer H. (16)
Cheskin, Louis J. (7)
Chesler, Maurice (17)
Chesner, William A. (11)
Chesnick, Reuben B. (4)
Chester, Saul W. (16)
Chianese, C. Chester (11)
Chiger, Alexander S. (7)
Childers, Robert J. (20)
Chilton, Forrest S. (16)
Chimacoff, Hyman (7)
Chmelnik, Abraham G. (7)
Chodosh, Maurice A. (20)
Chrisman, Irving (16)
Christian, Henry A .(9)
Christoph, Francis T. (7)
Chudzik, Edward W. (16)
Churg, Jacob (16)
Ciampa, Ralph P. E. (13)
Ciccone, Anthony C. (16)
Ciccone, Edwin L. (7)
Cieri, Daniel S. (9)
Clarie, D'Arcy C. (2)
Clark, Alice L. (11)
Clark, Charles C. (9)
Clark, Charles E. (11)
Clark, Ernest W. (4)
Clark, Frank G. (10)
Clark, J. Henry (7)
Clark, John C. (13)
Clark, Orlo H. (16)
Clark, S. Worth (1)
Clarke, Edward W. (2)
Clarke, Francis M. (12)
Clarke, R. Manning (4)
Clarken, Joseph A. (7)
Claus, C. Hermann (7)
Clement, Baxter L. (7)
Clement, John B. (3)
Clinton, Joseph A. (7)
Close, Byron H. (16)
Cloud, Albert W. (2)
Coburn, J. Wesley (7)
Cochrane, Cleland D. (2)
Coe, Richard (7)
Coffin, Henry F. (7)
Coghlan, Jasper (7)
Cohan, Charles C. (11)
Cohan, Joseph (11)
Cohen, Harry X. (20)
Cohen, Herman (9)
Cohen, Herman (11)
Cohen, Herman N. (9)
Cohen, I. Elvin (7)
Cohen, Julian (16)
Cohen, Louis (16)
Cohen, M. Marvin (16)
Cohen, Maurice (7)
Cohen, Maurice B. (5)
Cohen, Max (7)
Cohen, Meyer J. (7)
Cohen, Oscar H. (14)
Cohen, Paul (4)
Cohen, Samuel (9)
Cohen, Samuel A. (9)
Cohen, Sidney A. (7)
Cohen, Sidney L. (7)
Cohen, Sidney P. (7)
Cohen, William (11)
Cohn, George M. (7)
Cohn, Hermann (7)
Cohn, Isidor (16)
Cohn, Royal M. (7)
Colavita, James J. (11)
Colby, Maxwell X. (13)
Cole, L. Frank (16)
Cole, Nathan B. (12)
Cole, Walter H., Jr., (20)
Coleman, Austin H. (10)
Coleman, Joseph G. (19)
Coleman, Peter F. (13)
Coleman, Russell M. (7)
Collier, Martin H. (4)
Collins, Henry J. (11)
Collins, Laurence M. (14)
Collins, Louis K. (8)
Colmer, M. Jonas (7)
Colsh, LeRoy L. (7)
Colton, Ethan T., Jr. (7)
Comando, Harry N. (7)
Comeau, George W. (14)
Comfort, John B. (11)
Commini, Frank F. (11)
Comunale, Anthony R. (20)
Conaway, Walt P. (1)
Conlen, Richard (4)
Conlon, Philip J. (7)
Connamacher, Harold S. (7)
Connell, Emmet J. (9)
Connell, John N. (9)
Connelly, John A. (11)
Connolly, John J. (7)
Connolly, Joseph P .(16)
Connolly, Richard N. (7)
Connolly, Thomas W. (9)
Connor, Clarence A. (2)
Conroy, John S. (3)
Conserva, Peter V. (16)
Conti, Michael (9)
Conty, Anthony J. (9)
Conway, James V. (20)
Cook, Dora G. (14)
Cook, Hugh F. (7)
Cooke, William H. (7)
Cooley, Justus H., II (18)
Cooper, Howard M. (2)
Cooper, Irving J. (12)
Cooper, J. Howard (18)
Cooper, Jules (5)
Cooper, Robert A. (4)
Cooperman, Eli L. (12)
Cooperman, William (7)
Copleman, Benjamin (12)
Copleman, Hyman B. (12)
Coplin, George J. (20)
Coppoletta, Joseph M. (2)
Corbusier, Harold D. (20)
Corio, George A. (11)
Corn, David (2)
Cornish, Charles H. (7)
Cornwell, Alfred (6)
Corrigan, Patrick H. (11)
Corson, Allen (5)
Corson, Filbert R. (1)
Corson, Kenneth E. (6)
Cortese, Alvin E. (16)
Cosgrove, Robert A. (9)
Cosgrove, Samuel A. (9)
Costa, Philip L. (13)
Costabile, Vincent (2)
Costello, William F. (14)
Cotton, Henry A., Jr. (11)
Cotton, Norman T. (16)
Cottone, Rosario J. (11)
Cottrell, Judson G. (12)
Coughlan, Ella A. (7)
Coughlin, Frank J. (7)
Coughlin, John P. (9)
Conghlin, Joseph J. (2)
Coultas, Aldo B. (14)
Covino, Louis L. (7)
Cowan, Joseph H. (9)
Cowlbeck, Harry D. (11)
Cox, Harold C. (11)
Cox, J. Robert (17)
Cox, John C. (7)
Cox, William T. R. (20)
Cox, William W. (7)
Coxson, Harold P. (4)
Crabtree, Loren H. (20)
Cracco, Frederick A. (9)
Craig, Henry A. (18)
Crandall, John K. (2)
Crandell, C. Archie (14)
Crane, Bernard (1)
Crane, Charles G. (7)
Crane, Norman T. (20)
Crane, Reynold M. (4)
Crankshaw, Orrin F. (20)
Crapanzano, Domenico (7)
Craster, Charles V. (7)
Crawford, Georgina U. (7)
Crawford, John W. (18)
Crecca, Anthony D. (7)
Crecca, William D. (7)
Cregar, John S. (7)
Cremens, John F. (16)
Crescente, Fred J. (16)
Cricco, Carl F. (9)
Crist, Walter A. (4)
Cronin, Francis J. (20)
Cronk, Edwin I. (12)
Cropsey, Charles D. (2)
Crossfield, Henry C. (7)
Crounse, David R. (16)
Crowe, Aldrich C. (5)
Cryder, Millard C. (5)

Crystell, Edward H. (7)
Csema, Emery J. (12)
Ctibor, Vladimir F. (10)
Cufari, Carmine J. (9)
Culver, S. Herbert (9)
Cummins, Ella F. (14)
Cunningham, Charles, Jr. (6)
Cunningham, Joel B. (4)
Cupaiuoli, Richard A. (9)
Curry, Marcus A. (14)
Curtis, A. Maurice (16)
Curtis, Donald A. (2)
Curtis, Elbert A. (7)
Curtis, Howard C. (3)

ASSOCIATE MEMBERS

Capio, Mario D. (16)
Charnock, Maurice P. (11)
Consentino, Joseph S. (2)

D

ACTIVE MEMBERS

D'Acierno, Pellegrino A. (9)
D'Addario, Anthony R. (7)
D'Agostin, Henry (2)
D'Agostini, Alfred J. (7)
D'Agostini, Robert J. (7)
Dalberg, Walter (20)
D'Alessandro, Arthur J. (7)
Dalton, S. Eugene (1)
Daly, Edmund J. (9)
D'Amato, Charles R. (2)
D'Ambola, Philip R. (7)
D'Amico, Thomas V. (7)
Dandois, George F. (5)
Dane, Charles (7)
Dane, John (7)
D'Angelo, Joseph C. (7)
Danielson, John J. (9)
Dann, Frederick J. (7)
Dante, Pasquale (7)
Danzis, Louis (7)
Danzis, Maximillian (7)
Darby, C. Eugene (5)
Darby, I. Kermit (7)
D'Arcy, Walter E. (11)
Darden, Walter T. (7)
Darlington, Emlen P. (3)
Daron, Simeon (7)
Davenport, Irwin P. (11)
David, Leopold S. (4)
Davidson, E. Norwell (20)
Davidson, Harold S. (1)
Davidson, Henry A. (7)
Davidson, Maurice M. (20)
Davies, George A. (6)
Davies, George W. (7)
Davis, A. Hobson (16)
Davis, Albert B. (4)
Davis, Daniel (9)
Davis, E. Vernon (3)
Davis, F. Cleveland (20)
Davis, Harold L. (11)
Davis, Jacob M. (3)
Davis, John E., Jr. (11)
Davis, Louis (7)
Davis, Stanton H. (20)
Davis, Thomas C. (7)
Davison, C. Spencer (17)
Davison, Royden W. (11)
Davison, Wilbur S. (17)
Dawson, Harry (16)
Day, Hayward F. (18)
Day, Samuel T. (6)
Day, Willis B. (20)
Dayton, Spencer T. (2)
Dean, Guy K., Jr. (11)
Dear, Abraham L. (7)
DeBell, Peter J. (16)
DeBiaso, Cornelius V. (2)
DeCesare, Ferdinand J. (20)
Decker, Charles T. (20)
Decker, Henry B. (4)
Decker, John G. (2)
Deehl, Seymour R. (20)
DeFelice, Mario T. (14)
DeFronzo, Morando (7)
DeFuccio, Charles P. (9)
DeFusco, G. Thomas (9)
Degenhardt, Ira H. (12)
DeGerome, James H. (7)
DeGrace, Francis H. (16)
DeHart, George K. (7)
deHellebranth, Roland T. (1)
Deibert, Irvin E. (4)
Deibert, Kirk R. (4)
Deich, Samuel R. (16)
Deichman, Charles H. (14)
Deitz, Joseph R. (11)
Delaney, Oscar M. (7)
Delario, Anthony J. (16)
Delcau, Jules (13)
Del Deo, Nicholas V. (7)
Del Duca, Vincent P. (4)
DeLeonardis, James V. (7)
Del Guercio, Olindo (7)
DeLia, Emilio (7)
Del Mauro, Alphonse (16)
Del Negro, Albert E. (7)
DeMarco, Silverino V. (9)
Demarest, Gerald B. (20)
DeMattia, Michael (16)
Dembinski, T. Henry (11)
DeMeritt, Charles L. (9)
DeMichele, Roland V. (7)
Dempsey, J. Harvey (4)
Denbo, Elic A. (4)
Denelsbeck, J. Otis (11)
Denes, Oscar (7)
Dengler, Henry P. (20)
Denison, Ward C. (2)
DePalma, Anthony F. (7)
DePhillips, Benedict R. (7)
dePons, Sarah C. (13)
DeRosa, Armand (16)
DeRosa, Louis (14)
DeSantis, Orazio J. (6)
DeSanto, Anthony M. (2)
Desmet, Victor F. (16)
Dessauer, Joseph (7)
Detrano, Salvatore J. (9)
DeTroia, Frederick C. (7)
Deuell, William D. (2)
Deutel, Oscar R. (7)
Deutsch, Nathan S. (20)
DeVincentis, Henry (7)
DeVita, Anthony J. (13)
Devlin, Arthur D. (7)
Devlin, Hugh J. (7)
Dexter, Harriet E .T. (9)
DeYoe, Leon E. (16)
Dezer, Charles N., Jr., (2)
Diamond, David I. (13)
Diamond, J. George (20)
Dias, Joseph L. (7)
Dickson, John D. (2)
Dickson, T. Bruce (3)
Dieffenbach, Richard H. (7)
Dieker, Howard E. (12)
Diener, Samuel (7)
DiFino, Felix J. (7)
DiGiacomo, Harry E. (7)
DiGiacomo, William H. (7)
DiIelsi, Anthony J. (4)
DiMarino, Anthony J. (8)
Dimun, John T. (11)
Dinge, Ferdinand C. (7)
Dingman, Norman M. (16)
DiNicolantonio, Vincent J. (1)
DiNorcia, Joseph (7)
Diskan, Samuel M. (1)
Diverty, Henry B. (8)
Dochtermann, Warren P. (14)
Dodd, Edward L. (7)
Dodd, William E. (15)
Dodge, James T. (11)
Doggett, E. Hugh (20)
Doktor, David (16)
Dolsky, Irving (20)
Donahue, William J. (7)
Donchi, Sol M. (7)
Donges, Clarence B. (4)
Donlan, Francis A. (12)
Donnelly, John H. (7)
Donnelly, Joseph E. (16)
Donnelly, Joseph P. (9)
Donnelly, William A. (1)
Donohoe, Lucius F. (9)
Donohue, Daniel J. (9)
Doody, William M. (9)
Doran, Ralph J. (9)
Doran, William G. (9)
Doranz, Harold K. (11)
Dorr, Henry B. (13)
Dougherty, Daniel D. (9)
Douglass, Stephen A. (16)
Douglass, William C. (18)
Dow, Robert F. (16)
Dowds, Samuel C. (7)
Downing, Perley E. (12)
Downs, Louis S. (12)
Downs, Roscius I. (3)
Doyle, George F. (2)

Doyle, John J. (9)
Dragonetti, Elvige N. (7)
Drake, Daniel E. (16)
Drake, Leo B. (19)
Drake, Paul F. (21)
Dranow, Paul (7)
Drapkin, Berta (7)
Dreskin, Jacob L. (7)
Drewniany, Bernardine (7)
Drezner, Henry L. (11)
Driscoll, Charles D. (4)
Driscoll, Raymond S. (9)
Drossner, Jacob L. (4)
DuBois, Morris G. (7)
duBusc, L. C. Victor (20)
Duckett, Warren J. (9)
Duffy, Edward P., Jr. (7)
Duffy, Joseph F. (2)
Duisberg, Richard E. H. (2)
Dukes, Howard R. (9)
Dulany, Theodore L. (7)
Dulin, Everett V. (7)
Duncan, Owsley B. (16)
Dunham, Malcolm M. (12)
Dunn, H. Irving (20)
Dunn, John S. (17)
Dunn, Theodore B. (7)
Dunning, Walter L. (16)
Durchlag, E. Nelson (7)
Durham, Robert B. (1)
Durham, Royal E. (1)
Durrah, Fred F. (20)
Duschock, Edward F. (12)
Duvall, Albert I. (13)
Dwork, Harold K. (7)
Dwoyer, Leon C. (20)
Dwyer, Henry E. (16)
Dwyer, William A. (16)
Dyer, Edward H. (1)

ASSOCIATE MEMBER

DeCecio, Thomas (2)

E

ACTIVE MEMBERS

Eagleton, Wells P. (7)
Eames, William N. (11)
Earp, Ruth (14)
Eason, Samuel W. (20)
East, Isaac C. (12)
Ebner, Paul G. (4)
Echikson, Joseph I. (7)
Eckhardt, Ralph A. (14)
Eddy, Lester R. (19)
Edelberg, Sidney S. (18)
Edelen, James J. (7)
Edelson, Samuel (13)
Edgar, Malcolm S. (20)
Edgerly, Sherburn E. (2)
Edlkraut, Edward C. (16)
Edwards, J. Bennett (2)
Edwards, Lena F. (9)
Ehrenfeld, Edward (16)
Ehrenfeld, Irving (16)
Ehrlich, Edward (7)
Ehrlich, Max (20)
Ehrlich-Morrow, Laura E. (2)
Ehrlich, William E. (7)
Eichler, Bernard B. (7)
Eigen, Louis A. (7)
Ein, William B. (7)
Einhorn, Samuel E. (7)
Eisenberg, David S. (7)
Ekings, Frank P. (16)
Elias, Elmer J. (11)
Ellenson, Solomon S. (13)
Elliott, Frazier J. (1)
Ellis, Alexander (4)
Ellis, Arthur J. (7)
Ellmers, Basil J. (2)
Elsasser, Theodore H. (9)
Elwood, Benjamin J. (9)
Ely, Lancelot (18)
Emerson, Linn (7)
Emmer, S. Wolfe (7)
Emory, George B., Jr. (14)
Engelhart, Ferdinand K. (11)
Englander, Charles (7)
English, Harrison F., III (11)
English, John T. (7)
English, Samuel B. (10)
Enright, James G. (9)
Epler, Don A. (7)
Epstein, Harry B. (7)
Epstein, Rubie (11)
Epstein, William M. (7)
Erber, Leonard B. (1)
Erdman, George L. (7)
Erler, Eugene W. (7)
Erler, Robert E. (7)
Ernest, Richard B. (11)
Ernst, Philip (1)
Ervin, Millard B. (7)
Esposito, Antonio L. (1)
Esposito, Anthony L. (16)
Essertier, Edward P. (2)
Esty, Geoffrey W. (20)
Etheridge, Charles H. (7)
Eulner, Elmer H. (12)
Evans, Charles H. (7)
Evans, David P. (7)
Evans, Edgar E. (17)
Evans, Edgar J. (14)
Evans, J. Lawrence (9)
Evans, J. Lawrence, Jr. (2)
Ewens, Arthur E. (1)
Ewing, Harvey M. (7)
Ewing, Leslie H. (4)
Eynon, Harold K. (4)
Eynon, James R. (4)

ASSOCIATE MEMBERS

Eisenstodt, Lester W. (7)
Essertier, Harland C. (2)

F

ACTIVE MEMBERS

Faber, Edward (9)
Fabian, Paul L. (11)
Facciolo, Frank (9)
Fadden, Francis J., Jr. (2)
Fader, Ferdinand (7)
Fagan, James L. (12)
Fager, Rudolph O. (7)
Fagin, Joseph (20)
Fahrenbruch, Frederick D. (3)
Failing, Brayton E. (7)
Failmezger, Theodore R. (14)
Faison, John B. (9)
Falcone, Nicholas A. (18)
Falconer-Slater, Katherine (20)
Falkinburg, LeRoy W. (15)
Falvello, Nicholas A. (14)
Fanburg, Sol J. (7)
Fanelli, Antonio (12)
Farkas, Gustav (16)
Farkas, Morris (7)
Farmer, Vincent (2)
Farmer, Walter D. (11)
Farr, Irving L. (7)
Farr, Walter J. (2)
Farrell, Edgar A. H. (4)
Fasano, Giovanni (7)
Fattel, Henry C. (9)
Faughnan, Rose C. (7)
Faulkingham, Ralph J. (12)
Fauquier, Leonard B. (9)
Faux, Frederick J. (8)
Fazio, Vincent J. (12)
Featherston, Daniel F. (13)
Fechner, Herta (2)
Federer, John J. (9)
Feher, Ladislas A. M. (12)

Feigenoff, Israel (16)
Fein, Bernard (7)
Feinberg, Harry (9)
Feinberg, Harry D. (13)
Feinsod, Samuel N. (7)
Feldman, Frank H. (7)
Feleppa, Edward E. (20)
Feliciano, Vincent (16)
Felitti, Vincent J. (9)
Feller, William (9)
Feman, J. George (13)
Fendrick, Edward (7)
Fenichel, Benjamin (7)
Fenimore, Edward D. (9)
Fenster, Morton N. (16)
Fenton, Tennant E. (13)
Fenwick, John R. (16)
Ferguson, William E. (7)
Fermaglich, Harry B. (2)
Fern, Samuel S. (7)
Ferrari, Andrew F. (2)
Ferrary, Paul B. (16)
Ferriss, Ruth B. (14)
Fessler, A. James (11)
Fessler, William (2)
Fessman, John W. (4)
Feuer, Joseph A. (7)
Fialk, Harry (9)
Ficke, Sylvia A. (9)
Fiedler, Michael J. (20)
Field, Frank L. (18)
Fielding, William M. (16)
Fiering, Abraham M. (16)
Fietti, Vincent G. (2)
Fifer, William T. (9)
Filippone, Ames L. (7)
Filkins, Cedric E. (4)
Fine, Hyman P. (12)
Fine, Irvin J. (12)
Fine, M. James (7)
Fine, Sydney G. (11)
Fineberg, Jacob C. (9)
Finegan, Paul J. (11)
Finger, Frederick A. (9)
Fink, A. Elston (7)
Fink, Irving E. (7)
Fink, Stanley J. (20)
Finke, Charles H. (9)
Finke, George W. (2)
Finke, John H. D. (2)
Finkel, Joshua (7)
Finkelstein, Abe S. (7)
Finkle, Lester J. (11)
Finkler, Rita S. (7)
Finn, Frederick A. (9)
Finn, Henry R. W. (9)
Finnerty, Urban R. (7)
Fiorello, Joseph R. (11)
Fischbein, Martin M. (7)
Fischer, David D. (7)
Fischer, Edward J. (7)
Fischman, Harold H. (7)
Fish, Clyde M. (1)
Fishbein, Elliot (16)
Fisher, James A. (13)
Fisher, Percy C. (2)
Fisher, Samuel (16)
Fisher, Stella C. (4)
Fishkoff, Alexander H. (12)
Fisler, Charles F. (8)
Fitch, Thomas S. P. (20)
Fithian, George W. (12)
Fitzhugh, William F. (2)
Fitzpatrick, Edward F. (7)
Fitzpatrick, Leo J. (2)
Flanagan, John J. (7)
Flax, Charles H. (7)
Flax, Ira I. (7)
Fleischmann, Viola G. (7)
Fleming, Charles L. (17)
Fleming, Joseph A. (7)
Flichtenfeld, Morris (9)
Flicker, David J. (9)
Fliegel, Hilda C. (9)
Fliegel, William M. (2)
Flint, Edgar T. (18)
Flitcroft, William (16)
Floody, Robert J. (7)
Flower, Morrie A. (7)
Fluck, David A. (11)
Fluck, Paul H. (10)
Foley, James F. (7)
Fooder, Horace M. (8)
Forbes, John S., Jr. (14)
Ford, Theodore R. (7)
Forer, Robert (11)
Forney, Norman N. (12)
Forney, Norman N., Jr. (12)
Forsyth, Kenneth C. (7)
Fort, J. Irving (7)
Fort, William B. (20)
Forte, Daniel L. (7)
Forte, F. Chester (2)
Forte, Frank S. (7)
Fortuin, Floyd (16)
Fortunato, Samuel J. (7)
Fost, William H. (7)
Foster, Frank L. (20)
Foster, Herbert W. (7)
Fowler, Richard M., Jr. (1)
Fowler, Royale H. (7)
Fox, Samuel W. (15)
Fox, William W. (1)
Frame, Dorothy L. (7)
Francy, Donald G. (7)
Frank, Herman I. (9)
Frank, Morris (9)
Frank, Myrtile (1)
Frank, Nathan (9)
Frank, Perry (1)
Franklin, Frank A. (7)
Franklin, I. Harold (9)
Franklin, Joseph E. (20)
Franklin, Lewis J. (20)
Franzoni, Andrew E. (11)
Fratantuno, Michael J. (7)
Fraulo, Louis (16)
Frazee, William H., Jr. (15)
Freedman, Harold H. (13)
Freedman, Jacob S. (16)
Freeland, Frank (2)
Freeman, George C. (7)
Freeman, Joseph (9)
Freeman, Ray M. (20)
Freeman, Richard D. (7)
Freinkel, Jacob (7)
Freyberger, George A. (9)
Freymann, Walter (9)
Fridrich, Harry E. (4)
Friedburg, George H. (20)
Friedenberg, Sidney (4)
Friedenthal, Bernard (12)
Friedland, Arnold J. (6)
Friedlander, Kurt F. (7)
Friedman, Abraham I. (2)
Friedman, Harry (7)
Friedman, Hyman (7)
Friedman, Max (11)
Friedman, Meyer H. (11)
Friedman, Milton (7)
Friedmann, Gustav (16)
Friedmann, Leonard L. (11)
Friedrich, Adam H. (7)
Frieman, Hyman (9)
Fritts, Lewis C. (18)
Fritz, John F., Jr. (10)
Froelich, Joseph C. (7)
Frohwein, Ida H. (20)
Fromkin, Charles (6)
Frost, Inglis F. (14)
Frutig, Harold C. (9)
Fuchs, Jacob N. (11)
Fuhrmann, Barclay S. (10)
Furman, Benjamin A. (7)
Furman, Sol T. (9)
Furst, Nathan J. (7)

ASSOCIATE MEMBERS

Faulkner, Mortimer S. (7)
Fischer, Louise (7)
Folmer, Edward R. (11)
Forrest, Henry (12)
Fortay, Steven O. (16)
Franklin, Charles M. (11)
Friedman, Edna C. (16)

G

ACTIVE MEMBERS

Gadek, Stanley A. (12)
Gadek, William V. (12)
Gadomski, Casimir F. (20)
Gairdner, Thomas M. (8)
Galgoczy, Julius (18)
Galioto, Frank M. (7)
Gallardo, Agustin (16)
Gallaway, George E. (20)
Gallo, James S. (16)
Gamba, Joseph (7)
Gamon, Robert S. (4)
Ganley, Arthur J. (7)
Gannon, Joseph M. (20)
Ganot, Frank I. (7)
Gantt, Margaret H. (14)

Gardam, Joseph W. (7)
Gardner, Kenneth E. (7)
Garfinkel, Abraham (10)
Garibaldi, Louis J. (9)
Garrison, George H. H. (4)
Garrison, W. Sherman (6)
Garwood, Norman W. (11)
Gatti, Joseph D. (2)
Gauch, William (7)
Gaumer, George W. (15)
Gauzza, Valentine P. (12)
Gaylor, Earl L., Jr. (7)
Geannette, Ernest D. (7)
Geary, Daniel J. (14)
Geary, Paul (20)
Geary, Russell D. (3)
Gebirtig, Theodore (14)
Gehl, Sidney H. (7)
Geiger, Harold C. (16)
Geissler, Elmer E. (4)
Gelb, Jerome (7)
Gelber, Isaac (20)
Geller, Samuel (7)
Gelman, Sidney (16)
Gencher, Benjamin (7)
Gennell, Ernest (7)
George, Melbourne E. W. (7)
Gerard, Patrick D. (7)
Gerendasy, Julius (20)
Gerhardt, Paul E. (7)
Germain, Raymond J. (10)
German, George B. (4)
Gerne, Timothy A. (9)
Gerner, Harry E. (9)
Gershenfeld, David B. (7)
Gershman, Joseph G. (2)
Gessner, Gerard R. (12)
Gesswein, Carl A. (13)
Ghee, Euclid P. (9)
Giambra, Sante M. (16)
Giardina, John S. (7)
Giardina, Vincent J. (7)
Gibb, Alice S. (20)
Gibb, W. Blake (14)
Gibbins, A. Leslie (7)
Gibson, Charles F. (3)
Giffoniello, Arthur A. (7)
Gifford, William R. (7)
Giglio, Alphonsus S. V. (20)
Gilady, Raphael (2)
Gilbert, Philip D. (4)
Gilbert, Samuel M. (7)
Gilbertson, Robert L. (14)
Gilligan, Walter W. (7)
Gillis, Alfred G. (8)
Gilman, Charles M. B. (7)
Gilmour, John R. (7)
Gilpin, Fletcher (20)
Gindhart, John H. (11)
Ginsberg, George (9)
Ginsberg, Leon (7)
Ginsburg, Samuel (16)
Giordano, William C. (2)
Girardo, Anthony J. (4)
Gittelman, Morton (20)
Gittelsohn, Isador (2)
Gitterman, David A. (2)
Giuffra, Frank (7)
Gladstone, Albert L. (2)
Glaser, Emanuel (20)
Glasgow, Thomas M. (16)
Glass, Benjamin E. (20)
Glass, Harry L. (20)
Glass, Oscar (7)
Glass, William H. (7)
Glasser, Benjamin F. (12)
Glassner, Frank (20)
Glasston, Hyman M. (20)
Glazebrook, Francis H. (14)
Glazer, Edward (13)
Glazier, Jesse T. (7)
Gleason, Thomas P. (9)
Gleeson, William J. (9)
Glover, Lawrence L. (4)
Gluckman, I. Edward (7)
Gluckman, Saul K. (7)
Gnassi, Angelo M. (9)
Gobel, Stanley J. (12)
Gochman, Harry M. (16)
Godfrey, Alan O. (7)
Goeller, Jacob D. (7)
Goff, Frank J. (13)
Goffman, Emanuel (7)
Goldberg, Benjamin M. (11)
Goldberg, David (2)
Goldberg, Harold H. (7)
Goldberg, Harry C. (12)
Goldberg, Louis E. (7)
Goldberg, Samuel A. (7)
Golden, Clement H. (7)
Golden, William M. (20)
Goldenberg, Raphael R. (16)
Goldfarb, Abraham (2)
Goldfield, Harold H. (20)
Golding, Harry N. (16)
Goldmacher, Herman B. (20)
Goldman, Jerome (7)
Goldman, Leo L. (11)
Goldman, Lester M. (7)
Goldman, Samuel (4)
Goldman, Sol B. (16)
Goldman, Solomon (12)
Goldmann, Joseph (7)
Goldowsky, Ira (9)
Goldsmith, Alfred S. (9)
Goldstein, Abraham (15)
Goldstein, Henry Z. (7)
Goldstein, Herman H. (20)
Goldstein, Hyman I. (4)
Goldstein, Joseph D. (9)
Goldstein, Samuel (1)
Goldstein, Samuel M. (7)
Goldstein, William H. (7)
Goldstone, Karl H. (9)
Gonczy, Edward J. (20)
Goodfellow, Gordon P. (7)
Goodrich, Stewart L. (9)
Gordon, A. Julius (7)
Gordon, Abel (16)
Gordon, Benjamin L. (1)
Gordon, Charles D. (14)
Gordon, Frank S. (21)
Gordon, Isaac L. (9)
Gordon, J. Berkeley (13)
Gordon, Maurice B. (1)
Gordon, Milton H. (4)
Gordon, Samuel (16)
Gorden, Sarah (2)
Gorenberg, Harold (9)
Gormley, Cyrus M. (16)
Gorson, Samuel F. (1)
Gorten, Manfred L. (7)
Gosper, Ralph W. (4)
Gottlieb, Morris (1)
Gould, John H. (16)
Graddick, Lester W. (14)
Graeter, F. Albert (16)
Graham, Archibald F. (16)
Graham, Ernest E. (11)
Graham, Theodore K. (16)
Gramsch, A. Louis (2)
Granelli, Humbert A. (9)
Grant, Raymond J. (14)
Grant, William E. (20)
Grant, William F. (7)
Grasso, Anthony P. (7)
Graves, Charles C., Jr. (13)
Gray, Charles M. (6)
Gray, John W. (7)
Gray, W. Burritt (18)
Green, David W. (17)
Greenberg, George A. (18)
Greenberg, Jacob L. (7)
Greenberg, Max (20)
Greenberg, Philip (9)
Greenberg, Samuel (7)
Greenberg, Solomon (9)
Greene, Albert D. (9)
Greene, Edwin C. (6)
Greene, Harry (9)
Greenfield, Arthur W. (2)
Greenfield, Bernard H. (7)
Greenfield, Herbert (7)
Greenfield, Leonard S. (7)
Greenfield, William J. (2)
Greengrass, Jacob J. (16)
Greenwald, Theodore L. (7)
Greenwood, Samuel B. (7)
Greenwood, William R. (12)
Gregorius, Ralph F. (7)
Gregory, Marie F. (14)
Gregory, Mildred G. (7)
Greifinger, Marcus H. (7)
Greifinger, William (7)
Grenhart, George W. (4)
Gricco, Anthony L. (6)
Grieco, Emil H. (9)
Grier, Robert M. (1)
Griesemer, Z. Lawrence (20)
Grieve, James (12)
Griffey, William C. (4)
Griffin, Guy B. (7)
Griffith, Roy (7)
Grimes, Jesse R. (2)
Grimes, Robert R. (2)
Griscom, Lee E. (4)
Griswold, Merton L., Jr. (20)
Groeschel, August H. (19)
Groff, Parker A. (2)
Gross, Irving (7)
Gross, Max (1)
Grossblatt, Philip (7)
Grossman, Morris (9)
Grossman, Rubin (9)
Gruber, William L. (7)
Grubin, Harold (7)
Grueninger, Edward F. (2)
Gruhler, Jean A. (1)
Guarraia, Joseph (16)
Guertin, Diomede (18)
Guglielmelli, Angelo D. (11)
Guidi, Guido M. (20)
Guidotti, Frank P. (11)
Guion, Edward (1)
Gulick, James B. (7)
Gullord, Edward G. (7)
Gurland, Benjamin B. (9)
Gurley, Katharine A. (9)
Gurnee, Quinby D. (16)
Gurshman, Sol. (12)
Guthrie, Wilson G. (7)
Gutmann, Erwin K. (9)
Gutowski, Joseph M. (12)
Gutowski, Walter T. (7)
Guzy, Morton (6)

ASSOCIATE MEMBERS

Gereben, Arpad G. (12)
Glynn, S. Robert (7)
Goldstein, Edward W. (16)
Grant, Francis (7)
Gribbin, James A. (11)

H

ACTIVE MEMBERS

Hackett, Edward J. (20)
Hadley, C. Frazer (4)
Hadley, C. Frazer, Jr. (4)
Hadley, Elinor E. (7)
Hafetz, M. Morris (11)
Hagen, Walter H. (7)
Haggerty, D. Leo (11)
Hagman, Frank E. (7)
Hagovsky, Albert J. (2)
Hahn, Katharine B. (7)
Hahn, William H. (7)
Haight, Harry W. (12)
Haines, Edgar J. (3)
Haines, Emerson S. (13)
Haines, F. B. Lane (5)
Haines, Mabel C. S. (4)
Haines, Willits P. (5)
Halbstein, Bernard M. (13)
Haldeman, Robert E. (3)
Haley, Paul W. (7)
Hall, Perry O. (9)
Hall, Wayne W. (16)
Hall, Winthrop H. (20)
Halligan, Earl J. (9)
Hallinger, Earl S. (4)
Hallock, Wilton J. (20)
Halnan, John J., Jr. (16)
Halperin, David (9)
Halpern, Herman (2)
Halpern, Jesse O. (2)
Halpern, Melvin M. (7)
Halpern, Samuel (1)
Halpern, Sophia L. (9)
Halpern, William (7)
Halprin, Harry (7)
Halsey, Levi W. (7)
Hamblin, Donald O. (18)
Hambright, Arthur M. (16)
Hamilton, Lloyd A. (10)
Hamilton, Robert G. (7)
Hamley, John J. (20)
Hammell, Frank M. (11)
Hanan, James T. (7)
Hancock, Michael Q. (13)
Handler, Harry (9)
Haney, John J. (11)
Hansen, Harry (20)
Hanson, Alfred S. (4)
Hanson, Carl G. (20)
Hantman, Harold (7)
Harden, Albert S. (7)
Harden, Albert S., Jr. (7)
Hardy, John W. (13)
Harley, Halvor L. (1)
Harman, James R. (11)
Harman, William J. (11)
Harreys, Charles W. (16)
Harrington, J. Henry (14)
Harris, Edwin A. (1)
Harris, Morris (7)
Harris, William G. (8)
Harris, William O. (1)
Harrop, George A. (11)
Harryman, William K. (2)
Harter, Louis F. (9)
Hartman, Luther M. (3)
Hartman, Winfield L., Jr. (7)
Hartwell, H. Ameroy (9)
Harvey, John W. (9)
Harvey, Robert K. (7)
Harvey, Thomas W., Jr. (7)
Harz, William V. (9)
Haschec, Walter (7)
Haseltine, Sherwin L. (20)
Haskin, Aaron H. (7)
Hasking, Arthur P. (9)
Hasney, Frederick A. (7)
Hatch, Harold S. (14)
Hatcher, George A. (7)
Hatem, Elias J. (16)
Hauber, Eugene A. (12)
Hauck, Lydia R. B. (7)
Hauck, William H. (7)
Hauptman, Harry (9)
Haury, Victor G. (4)
Hausman, Samuel W. (13)
Haven, Samuel C. (14)
Hawes, Vernon L. (2)
Hawke, Edward K. (19)
Hawkes, E. Zeh (7)
Hawkes, Stuart Z. (7)
Hayden, Walter G. (15)
Hayes, Gerald W. (7)
Hayman, Irving R. (16)
Hays, Roy G. (4)
Haywood, Henry (12)
Heatley, William (13)
Heaton, Stuart C. (18)
Hebble, Howard M. (3)
Hegeman, Runkle F. (18)
Heil, Alva A. (10)
Heineken, Theodore S. (7)
Hekimian, Jacob H. (9)
Helff, Joseph R. (2)
Heller, Abraham R. (7)
Heller, George (2)
Heller, Nathan B. (7)
Heminway, Norman L. (18)
Hemphill, Everett H. (4)
Henle, Carye-Belle (7)
Hennig, Paul F. (7)
Henriksen, J. Bruce (15)
Henry, Frank C., Jr. (12)
Henry, George (10)
Henry, Norman (6)
Hensle, Otto S. (2)
Herbener, Eugene G. (15)
Hermann, John H. (7)
Hernandez, Manuel (9)
Herndon, Lewis S. (7)
Herradora, Juan R. (9)
Herrington, Lee R. (20)
Herrman, William G. (13)
Hersohn, William W. (1)
Hess, George A. (11)
Hesseltine, Clair E. (12)
Hessert, Edmund C. (4)
Hewson, George F. (7)
Heyman, Arthur (7)
Heymann, Ernest F. (13)
Hicks, Alfred M. (7)
Hiden, Joseph C. (11)
Higgins, Gerald L. (9)
Higgins, John T. (9)
Higgins, Thomas A. (9)
Higgins, Thomas F. (20)
Higi, Joseph E. (7)
Hiler, Stuart A. (14)
Hilker, George F. (12)
Hill, Clarence T. (20)
Hill, Dean F. (19)
Hill, James O. (7)
Hill, Robert H. (7)
Hillel, Joseph (9)
Hilliard, William T. (17)
Hillmann, Frederick C. (16)
Hillsman, R. Bryan (2)
Hilton, Clarence O. (7)
Hindle, F. Lawton (13)
Hinton, Samuel H. (12)
Hipple, Percy L. (20)
Hird, Emerson F. (18)
Hirsch, John J. (2)
Hirsch, Samuel (16)
Hirsch, Solomon (9)
Hirsch, Theodore (7)
Hirschfield, Bernard A. (11)
Hitzemann, Louis A. (2)
Hnat, Frederick (20)
Hobart, Richard T. (7)
Hochheimer, Arthur (18)
Hodas, Sidney M. (13)
Hofer, Clarence J. M. (12)
Hofer, William R. (4)
Hoffman, Charles A. (20)
Hoffman, Charles W. (12)
Hoffman, Florentine M. (12)
Hoffman, Harry S. (1)
Hogan, James J. (15)
Hogan, Marshall D. (14)
Holderith, Albert E. (7)
Holland, Moses H. (9)
Holland, Reuben J. (20)
Holler, Henry G. (7)
Hollinger, Chauncey O. (9)
Hollingsworth, H. Hale (16)
Hollinshed, Beulah S. (4)
Hollinshed, Ralph K. (8)
Hollywood, James L. (9)
Holman, Francis W. (13)
Holmes, George J. (7)
Holmes, Grace A. (20)
Holmes, H. David (1)
Holmes, Thomas J. E. (16)
Holoman, M. Browne (1)
Holster, Stephen G. (16)
Holt, Edward Z. (1)
Holt, Evelyn (20)
Holt, Herman H. (16)
Holters, Otto R. (13)
Holtz, Harry M. (7)
Holtzman, Michael (20)

Hoops, Harold J. (9)
Hooton, Thomas C. (7)
Hopping, Richard A. (7)
Horhovitz, George I. (11)
Horland, Aaron H. (7)
Horn, Harry (7)
Horn, Max (7)
Hornberger, J. Howard (3)
Horner-Rodger, Clara L. (4)
Hornstine, Harry H. (5)
Horoschak, Anne (20)
Horowitz, Herman J. (2)
Horowitz, Leo (9)
Horre, George W. H. (20)
Hosp, Paul H. (7)
Howard, J. Edgar (4)
Howard, James W. (7)
Howell, E. Gaylord (12)
Howell, Thomas W. (7)
Howeth, John L. (9)
Howley, Barth, Jr. (12)
Hubbard, Harry V. (20)
Hubbard, Robert Y. (7)
Huber, William H. (7)
Huberman, John (7)
Hubert, Antonio O. (14)
Hudson, Howard S. (1)
Hughes, Frank R. (5)
Hughes, Frederic J. (20)
Hughes, Frederic J., Jr. (4)
Hughes, J. Vernon (16)
Hughes, Joseph F. (8)
Hughes, Lee W. (7)
Hughes, Samuel B. (5)
Hughes, Thomas E. (4)
Hulett, Albert G. (7)
Hull, Donald B. (2)
Humbert, Joseph C., Jr. (21)
Hummel, Ernest G. (4)
Hummel, Lee C. (17)
Hummel, Merwin L. (4)
Humphrey, Hubert G. (20)
Humphrles, Robert E. (7)
Hunt, Melvin M. (12)
Hunt, Thomas F. (20)
Hunter, Edward R. (3)
Hunter, Floyd D. (11)
Hunter, Harold H. (8)
Hurff, J. Wallace (7)
Husserl, Slegfried (7)
Husted, Gerald W. (4)
Husted, Samuel H. (18)
Hutchinson, A. Dunbar (11)
Hutchinson, George F. (11)
Hutner, Cyril I. (12)
Hutton, Frederick T. (20)
Hyman, Charles (1)
Hymowitz, Ben (7)

ASSOCIATE MEMBERS

Haller, Olga (7)
Hansen, Harold **T. (7)**
Hendlich, Milton G. (7)

I

ACTIVE MEMBERS

Ianacone, John A. (16)
Ill, Edmund W. (7)
Ill, Herbert M. (7)
Imbleau, Joseph E. (20)
Imhoff, John G. (9)
Imhoff, Robert E. (3)
Infield, Gerald L. (1)
Inge, Hutchins F. (7)
Inge, Theodore R. (7)
Ingling, Harry W. (13)
Introcaso, Dominick A. (9)
Iraggi, James V. (16)
Ironside, Paul A. (4)
Irvin, John S. (1)
Irving, Henry C. (9)
Irwin, James R. (7)
Irwin, John H. (2)
Isaac, Benoit C. (7)
Ishkhanian, Nouri I. (9)
Israeloff, Howard H. (7)
Ivins, Willlam C. (11)
Ivory, Harry S. (15)
Izenberg, David (16)

ASSOCIATE MEMBERS

Idelcowitz, Marie (12)
Irmisch, George W. (11)

J

ACTIVE MEMBERS

Jablonski, John J. (12)
Jack, H. Wesley (4)
Jacks, Oscar (9)
Jackson, Albert F. (7)
Jackson, Charles H. (4)
Jackson, Dominick P. D. (16)
Jackson, Elmer C. (21)
Jackson, George H. (7)
Jackson, Kenneth K. (7)
Jacobitti, Edmund E. (2)
Jacobs, Alan L. (20)
Jacobs, William (7)
Jacobson, J. Joseph (1)
Jacobson, Murray B. (12)
Jaffe, Benjamin (9)
Jaffe, Herman M. (9)
Jaffe, Hyman (16)
Jaffin, Abraham E. (9)
Jahn, Albert G. (16)
James, Bart M. (7)
James, J. Thomas (11)
Jamison, William F. (13)
Jani, Frank F. (16)
Janifer, Clarence S. (7)
Janoff, Henry (11)
Jaques, J. Eugenia (9)
Jarmulowsky, Harry (16)
Jaso, James V. (7)
Jaspan, Samuel C. (11)
Jedel, Meyer (7)
Jehl, Joseph R. (16)
Jenkins, Alvah R. (2)
Jenkins, Arthur M. (10)
Jennings, Robert E. (7)
Jensen, Grover H. (9)
Jentz, John H. (9)
Jessurun, Samuel H. (7)
Jirouch, Edwin A. (17)
Joelson, Dora (16)
Joelson, Morris S. (16)
Joffe, Philip M. (16)
Joffe, Sidney H. (16)
Johnsen, Sigurd W. (16)
Johnson, Archie W. (9)
Johnson, George F. (19)
Johnson, G. Leonard (2)
Johnson, Harold F. (20)
Johnson, Herbert F. (4)
Johnson, John F. (11)
Johnson, Robert A. (7)
Johnson, V. Earl (1)
Johnston, Julian F. (14)
Johnston, Rufus O. (2)
Johnston, Sidney F. (2)
Jonas, August (17)
Jones, Clement M. (9)
Jones, Granville L. (13)
Jones, Herbert E. (20)
Jones, J. Morgan (9)
Jones, John C. (4)
Jones, Lewis H. (20)
Jones, Rhys (7)
Jonitz, Robert (7)
Jordan, Alexander D. (13)
Jordan, Joseph C. (13)
Jordan, Walter L. (2)

Joseph, Benjamin M. (9)
Joseph, Morris (16)
Joy, Ernest H. (15)
Judd, Wilbur M. (14)
Judge, John F. (7)
Judson, G. Vernon, Jr. (4)
Judy, Kenneth H. (9)
Jukofsky, Isidore D. (2)
Just, Francis (7)
Justin, Arthur W. (9)

ASSOCIATE MEMBERS

Jaeckle, Charles E. (7)
Jarvis, Daniel G. (7)
Jaslow, Seymor P. (2)

K

ACTIVE MEMBERS

Kachdorian, Vartan (11)
Kaderabek, Erwin J. (7)
Kahn, Leo (1)
Kahrs, Grace M. (7)
Kaighn, Charles B. (1)
Kain, Thomas M. (4)
Kainer, Herbert (9)
Kakascik, Emil J. (2)
Kalb, S. William (7)
Kaletkowski, Marion F. (16)
Kallen, Arnold M. (7)
Kalter, George E. (7)
Kanengiser, Clifford H. (9)
Kaney, Emil M. (7)
Kanses, Edmund S. (13)
Kaplan, Henry L. (7)
Kaplan, Herman B. (9)
Kaplan, S. Bernard (7)
Kaplan, Samuel D. (20)
Kapp, Carl G. (20)
Karshmer, Ernest E. (20)
Karshmer, Nathan (12)
Kassow, Philip B. (21)
Kastler, Franz (2)
Katz, Herbert I. (16)
Katzin, Eugene M. (7)
Kauffmann, Louis J. (6)
Kaufman, Edgar W. (4)
Kaufman, Jerome G. (7)
Kaufman, Michael J. (7)
Kavanaugh, Daniel E. (7)
Kay, Albert E. (12)
Kay, Clarence R. (18)
Kazmann, Harold A. (13)
Kearney, Edward P. J. (7)
Kearney, John V. (9)
Keating, Charles A. (16)
Keating, Joseph M. (16)
Keegan, Thomas D. (9)
Keeney, Cadwell B. (20)
Keeney, James C. (9)
Keil, Sigmund S. (20)
Keim, William F. (7)
Keim, William F., Jr. (7)
Keir, Floyd E. (2)
Keith, Theodore R. (7)
Kelemen, Nicholas M. (7)
Keller, Michael L. (16)
Keller, Rudolph J. (9)
Kelley, Charles B. P. (9)
Kelly, Bernard S. (9)
Kelly, Harry R. J. (9)
Kelly, Leo J. (12)
Kemeny, George (20)
Kemeny, Imre (12)
Kempe, George (7)
Kennedy, A. Andrew (16)
Kennedy, Eugene T. (16)
Kennedy, John W. (9)
Kennedy, Paul A. (2)
Kennedy, William M. (7)
Kenney, John A. (7)
Keppler, Charles, Jr. (16)
Kerdasha, George S. (9)
Kerdasha, Richard F. (4)
Kern, E. Clarence (7)
Kerns, Francis J. (7)
Kessell, John S. (7)
Kessler, Edward I. (14)
Kessler, Henry B. (7)
Kessler, Henry H. (7)
Keyser, David (4)
Kibbe, Milton H. (20)
Kidd, Ruth W. (20)
Kiely, Eugene M. (9)
Kiessling, Charles E. (7)
Kiley, John E. (7)
Kim, Gay B. (16)
Kimler, William D. (4)
Kimmel, Charles (7)
Kimmel, M. Leonard (9)
Kimmel, Seymour S. (21)
Kinczel, John A. (11)
King, Alden P. (14)
King, Chester A. (2)
Kingma, John G. (2)
Kingslow, George L. (2)
Kinkead, Hilda (14)
Kinney, Albert G. (4)
Kinney, Burton O. (16)
Kirkby, Cyril S. (7)
Kirkman, Leroy G. (7)
Kirkwood, Allan S. (7)
Kirschner, Martin I. (19)
Kissinger, Donald J. (2)
Klapper, Lester L. (20)
Klarich, Philip (4)
Kleiber, Estelle E. (12)
Klein, Alexander (12)
Klein, Andrew J. V. (7)
Klein, Edward C., Jr. (7)
Klein, Edward F. (12)
Klein, Julius (9)
Klein, William (12)
Kleinberger, Harry H. (7)
Kleiner, Samuel (16)
Kleinman, Maurice (7)
Klempner, Paul (11)
Klenk, Joseph P. (7)
Kler, Joseph H. (12)
Kline, George L. (7)
Kline, Herman (1)
Kline, Joseph J. (11)
Kline, Oram R. (4)
Klompus, Irving (18)
Klosk, Emanuel (7)
Klostermann, Julius A. (2)
Klughaupt, Dorothy K. (16)
Knapp, Richard E. (2)
Knapp, Victor (13)
Knauer, George (20)
Knight, Augustus S. (18)
Knight, William T. (2)
Knowles, Frederick E. (14)
Knowles, George M. (2)
Knowles, James S. (6)
Knox, Charles A. (2)
Knox, Harriet L. (2)
Knox, Howard A. (10)
Kobes, John J. (7)
Koeck, George P. (7)
Koelsch, Frederick J. E. (12)
Koenig, Bertram (16)
Koerber, George (16)
Kohn, Joseph J. (11)
Kohn, Leo (7)
Kohn, Ralph B. (11)
Kohut, George J. (12)
Kolb, John M. (9)
Kolodin, Abraham (7)
Kondor, Joseph S. (11)
Konzelman, Henry J. (20)
Kooperman, Barnett (9)
Kooperstein, Samuel I. (9)
Koplin, Nathaniel H. (11)
Koppel, Joseph A. (9)
Korman, Arnold (16)
Kornfeld, Werner (7)
Kosminsky, Louis (2)
Kossmann, Walter J. (14)
Kosterlitz, Henry H. (7)
Kovaleski, Walter A. (16)
Kovin, Abraham (16)
Kraemer, Manfred (7)
Kraemer, Samuel H. (9)
Krafchik, Louis L. (12)
Kraissl, Cornelius J. (2)
Kraker, David A. (7)
Kralick, Louise C. (2)
Kramer, Bernard M. (12)
Kramer, Samuel E. (12)
Krans, DeHart (20)
Krans, Edward S. (20)
Kratka, William H. (6)
Krauss, Fletcher I. (14)
Krausz, Emery (21)
Krant, Arthur M. (9)
Krechmer, Abraham (1)
Kresch, Philip (9)
Kreutz, Paul J. (20)
Krichbaum, Carroll E. (7)
Krieger, George (16)
Krohn, Marc (13)
Krone, William F. (7)

Kruger, Alfred L. (9)
Kruger, William (7)
Kuchlewski, Edward J. (20)
Kuder, Joseph M. (3)
Kuhl, John P. (16)
Kuhlmann, Alvin E. (9)
Kuite, George B. (14)
Kummel, Max (7)
Kump, Albert B. (6)
Kun, Bertram (9)
Kunz, Harold G. (7)
Kuperman, Henry L. (7)
Kushner, Alexander (20)
Kustrup, John F. (11)
Kutner, Charles (4)
Kwint, Joseph A. (20)
Kyle, Ernest I. (20)

ASSOCIATE MEMBERS

Kaplan, Isaac (2)
Katz, Harry (16)
Kauder, Warren G. (7)
Kleinmann, Eberhart H. (16)

L

ACTIVE MEMBERS

Laauwe, Harold W. (16)
La Barba, Peter J. (2)
Labash, Charles S. (16)
Labow, Joseph J. (20)
Ladas, George (20)
Lafferty, Elton B. (7)
Lakiszak, Roman T. (9)
Lamberto, Vito A. (2)
Lance, Elton W. (20)
Landaw, Louis (16)
Landes, Edwin W. (19)
Landesman, William (7)
Landis, Harry P., Jr. (3)
Landry, Ernest J. (10)
Landshof, Charles A. (9)
Lane, Austin W. (7)
Lane, Edgar W. (10)
Lane, Thomas F. (9)
Lang, Joseph (12)
Lang, Louis (20)
Lang, Richard E. (16)
Lange, Louis C. (9)
Lapin, Louis P. (11)
Lapin, Samuel B. (11)
Largay, Arthur O. (9)
Larkey, Charles J. (9)
Larkey, Irving G. (7)
Larossa, Ernest A. (4)
Larrabee, Callie H. (20)
Larson, Henry M. (14)
Larsson, Evert A. (11)
Lathrop, Frederic W. (20)
Latona, Joseph A. (2)
Laudig, Guy H. (14)
Laurie, Andrew L. (20)
Lavine, Barney D. (11)
Lavine, Samuel C. (12)
Lavine, Sidney B. (11)
Lawless, Edward T. (7)
Lawrence, Arthur C. (16)
Lawrence, Elias D. (16)
Lawrence, William H. (20)
Lawsing, G. Conde (9)
Lawther, Boyd M. (1)
Lawton, A. Anderson (18)
Lazow, S. Manlius (12)
Leach, John E. (16)
Leaman, Granville M. (7)
Lease, Henry J. (9)
Leaver, Morris H. (10)
Le Bel, Louis J. B. (7)
Leber, Otto H. (7)
Lee, Benjamin F. (4)
Lee, Frederick P. (16)
Lee, John J. (7)
Lee, Robert E. (7)
Lee, Thomas B. (4)
LeFavor, Dean H. (3)
Leff, William A. (7)
Lefkovics, Sidney C. (7)
Lefkowitz, Jacob H. (9)
Legato, Samuel F. (2)
Leggett, Lindley H., Jr., (20)
Leggett, Thomas H., Jr. (20)
Lehmacher, Frank (15)
Lehman, David J., Jr. (7)
Leibovitz, Altan C. (16)
Leining, Albert (9)
Leir, J. Krevin (9)
Lemay, Albert T. (16)
Lemkin, Samuel (7)
Lemmerz, Willard H. (2)
Leonard, George F. (12)
Leonard, Isaac E. (1)
Leonard, Isaac E., Jr. (1)
Leonard, Lothair L. (13)
Lepis, A. Albert (9)
Lerman, Irving (20)
Lerman, Samuel (20)
Leshin, Harry (11)
Lesko, Stephen W. (2)
Lettiere, Anthony J. (11)
Levendusky, Daniel E. (16)
Levin, Jack (13)
Levin, Joseph (7)
Levin, Louis (11)
Levin, Murray (7)
Levine, David B. (16)
Levine, Edward P. (7)
Levine, G. Irving (9)
LeVine, Israel (16)
Levine, Philip (7)
Levine, Sidney C. (16)
Levinsohn, Sandor A. (16)
Levinson, Louis J. (7)
Levinson, Reuben (12)
Levinson, Robert M. (7)
Levison, William (7)
Levitas, George M. (2)
Levitas, Irving M. (2)
Levitt, Jesse N. (7)
Levy, Abram (18)
Levy, Anna L. (7)
Levy, David (16)
Levy, Herman (16)
Levy, Irvin (11)
Levy, Jack D. (2)
Levy, Julius (7)
Lewandowski, Edmund E. (7)
Lewis, Albert (20)
Lewis, Alice B. (2)
Lewis, Collins E. (12)
Lewis, G. Rae (7)
Lewis, Leon (7)
Lewis, Thomas K. (4)
Liana, Stephen M. (16)
Liccese, Emanuel (7)
Licks, Frederick C. (7)
Liddell, Raymond N. (18)
Liddy, Frank J. (2)
Lieb, Saul (7)
Lieberman, David P. (20)
Lieberman, Milton L. (20)
Lief, Lawrence H. (12)
Liegner, Ben (7)
Liehr, Raymond J. (17)
Lifland, Bernard D. (7)
Light, Arthur B. (11)
Lilm, Barney (6)
Lilien, Bernard B. (7)
Lilien, Milton (7)
Lilien, Milton M. (20)
Lima, John G. (16)
Linares, A. Carfi (16)
Lincoln, Jennings S. (7)
Linden, Mortimer H. (9)
Lindroth, Lawrence V. (9)
Linke, James J. P. (20)
Lintz, Sidney Z. (8)
Lipkin, Isadore (17)
Lippincott, Lansing Y. (20)
Lipshutz, Benjamin (9)
Lipshutz, Charles (9)
Lipstein, William (7)
Lipton, Louis (16)
Little, Alonzo W. (9)
Little, William R. (11)
Littwin, Charles (2)
Liva, G. Albin (2)
Liva, Paul F. (2)
Livengood, Baxter A. (8)
Livengood, Horace R. (20)
Livingston, Bernard (7)
Livingston, Paul (7)
Lloyd, Samuel J. (11)
Llull, Gabriel J. (20)
Lobban, Robert B. (9)
Lobsenz, Nathan P. (16)
Locke, Henrik W. (4)
Loder, Horace B. (6)
Loder, Joseph S. (7)
Loeb, William A. (18)
Loeser, Lewis H. (7)
Loksa, Harold T. (14)
Loman, Samuel G. (2)
Lomauro, James R. (16)
Lombardi, Frank L. (2)
Lomhoff, Irving I. (7)

London, Jules R. (16)
London, William (12)
Londrigan, Joseph F. (9)
Londrigan, Joseph F., II (9)
Long, John F. (7)
Long, Miles T. (9)
Long, Pauline A. (12)
Longnecker, John E., Jr. (19)
Longo, James J. (7)
Longsdorf, Harold E. (3)
Longshore, Walter E., Jr. (7)
Loori, William A. (9)
Loper, John C. (6)
Lord, C. Donald (2)
Lore, Harry E. (6)
Lorenzo, Michael J. (13)
Losada, Camella A. (20)
Love, Elizabeth F. (3)
Lovell, John F. (7)
Lovett, Joseph C. (4)
Low, Donald B. (16)
Lowell, Milton E. (20)
Lowenstein, Aaron (7)
Lowenstein, Ernest C. (20)
Lowenstein, Harry A. (7)
Lowits, Otto (7)
Lowrey, James H. (7)
Lowy, Otto (7)
Luban, Benjamin (7)
Lucas, W. Fred (3)
Lucent, S. Bell (16)
Lucey, James J. (12)
Luczynski, Edward W. (9)
Ludlum, Walter D. (20)
Lueddecke, Roland E. (2)
Lufburrow, Charles B. (20)
Luippold, Eugene J. (9)
Luippold, Eugene J., Jr. (14)
Lummis, Clarence P. (17)
Lundblad, Walter E. (7)
Luongo, Federico (7)
Lupin, Edward E. (9)
Luria, Sanford A. (2)
Lurie, Solomon I. (7)
Luric, Wolf (7)
Lushear, Frank H. (19)
Lussier, Georges H. (13)
Lutz, William M. (7)
Lycrly, James M. (20)
Lynch, Albert E. O. (7)
Lynch, Donald C. (11)
Lynch, Edward T. (20)
Lynch, Maurice M. (2)
Lynch, Roland J. (9)
Lynn, Hugh B. (7)
Lynn, Irving I. (9)
Lyon, Archibald (7)
Lyon, Charles H. (21)
Lyon, Earl C. (6)
Lyons, James V. (7)
Lyons, Romola L. K. (2)

ASSOCIATE MEMBERS

Lind, Zoltan H. (12)
London, Leslie (16)
Lupo, Domenico (7)

M

ACTIVE MEMBERS

Maas, Max A. (7)
Mabey, J. Corwin (7)
MacAlister, William W. (16)
MacAlpine, Kenneth B. (4)
Macaluso, Dominic C. (7)
MacArt, James H. (7)
MacArthur, Clymont (7)
Macaulay, Francis A. (2)
MacBrayer, Reuben A. (20)
Macchia, Benjamin J. (9)
MacDermid, Lynden E. (11)
MacDonald, Edward O. (20)
MacDonald, John J. (9)
Macdonald, Wentworth S. (7)
Mace, Margaret (5)
MacGregor, Allan W. (16)
MacGuffie, Robert N. (16)
MacKellar, James M. (2)
MacKenzie, Robert A. (13)
Mackes, Claude B. (17)
Mackin, John J. (9)
Mackler, Harry S. (20)
Mackler, Meyer E. (16)
MacLaren, Philip J. (2)
Maclay, Joseph A. (16)
MacMillan, C. Wright (7)
Macpherson, Elwood H. (7)
Madaras, John S. (9)
Maddren, Russell F. (2)
Mader, A. Ivan, Jr. (2)
Madison, L. Keith (9)
Magee, Edward S. (4)
Magee, Harold S. (11)
Magee, Russell S. (4)
Maggio, George A. (7)
Maggio, Nicholas A. (7)
Maggio, Ross J. (20)
Magill, Marcus (1)
Magnes, Max (16)
Magolda, Anthony F. (6)
Magovern, Thomas F. (7)
Magson, Albert E. (11)
Mahaffey, J. Lynn (4)
Maher, John E. (13)
Mahood, Herbert L. (7)
Maisel, Irving (7)
Majeski, Henry J. (11)
Major, Morton M. (1)
Makin, John B. (13)
Malatesta, Charles S. (20)
Maldeis, Albertos M. K. (4)
Malinowski, John (9)
Mallison, Herbert (20)
Mamlet, Alfred M. (7)
Manahan, Daniel V. (13)
Mancenc, Edward M. (2)
Mancusi-Ungaro, Elviro (7)
Mancusi-Ungaro, Lodovico (7)
Manfro, Gerard J. (7)
Mangelsdorff, Arthur F. (18)
Mangogna, Philip (12)
Manly, Thomas E. (16)
Mann, Benjamin (12)
Mann, Jacob J. (12)
Manzione, Frank A. (16)
Maps, Howard L. (16)
Marcarian, Henry G. (4)
Marchigiano, Michael A. (7)
Marchione, Nicholas E. (6)
Marcus, Donald (7)
Margaretten, Edward I. (12)
Margolin, Samuel J. (9)
Margolis, Alfred (7)
Margulies, Charles (7)
Marini, Dominick (16)
Mark, Harry B. (3)
Mark, Joseph S. (12)
Markel, Albert G. (16)
Markley, Luther A. (2)
Markowitz, Benjamin B. (9)
Markowitz, Irwin B. (9)
Markowitz, Louis (16)
Marks, Zelda I. (7)
Marlett, Neumann C. (21)
Marone, Carmine R. (20)
Maroney, James H. (20)
Marquis, Dean W. (7)
Marquis, W. James (7)
Marra, Rocco S. (7)
Marrella, Louis F. (9)
Marrocco, William A. (16)
Marshall, Frank A. (9)
Marshall, H. Donald (1)
Martin, Leonard J. (13)
Martin, Theodore (16)
Martin, William (4)
Martin, William P. (7)
Martland, Harrison S. (7)
Marts, George H. (20)
Marvel, Peter H. (1)
Marvin, Dorothy H. (12)
Marx, Frederick J. (2)
Masciocchi, Thomas A. (7)
Mason, Alvin S. (17)
Mason, Howard B. (13)
Mason, James H. (1)
Mason, Virgil A. (7)
Massengill, Fulton (7)
Massey, J. Bruce (7)
Mastroianni, Frank M. (20)
Mastromonaco, Joseph D. (9)
Masucci, Alberico (16)
Matera, Joseph (9)
Matheke, George A. (7)
Matheke, Otto G. (7)
Matheke, Otto G., Jr. (7)
Mathesheimer, Jacob L. (9)
Matheson, Gilchrist E. (7)
Mathews, Raymond H. (14)
Mathews, William J. (9)
Matthews, Clifford B. (7)
Matthews, Leonard M. (16)
Matthews, William F. (7)
Matturri, Dominick A. (9)
Maturi, Vincenzo E. (9)
Maurer, K. Virginia (7)
Maurer, Martha E. (20)
Mautner, Emil (7)
Maver, William W. (9)

Maxwell, Carl A. (21)
May, Ernst A. (7)
Mayhew, Charles H. (6)
Mazzarella, Carlo (16)
McAlpine, Paul (20)
McAveney, Thomas F. G. (7)
McAveney, William J. (7)
McBride, Andrew F. (16)
McBride, Andrew F., Jr. (16)
McCall, Jesse (19)
McCallion, William H. (20)
McCandliss, William K. (11)
McCarroll, E. Mae (7)
McCarron, James A. (9)
McCarthy, Arthur M. (4)
McCarthy, Cornelius P. (9)
McCarthy, George L. (16)
McCarthy, John J. (9)
McCarthy, William P. (11)
McCauley, Francis J. (7)
McClintock, Elsie (20)
McCluskey, Harry B. (14)
McConaghy, Thomas P. (4)
McConaughy, Francis (18)
McCorkle, William E. (10)
McCormack, Frank C. (2)
McCormick, James E. (7)
McCormick, William H., Jr. (12)
McCreight, David W. (13)
McCroskery, James H. (7)
McCue, John B. (16)
McCullough, John H. (11)
McDermott, Vincent T. (4)
McDonald, Richard J. (16)
McDonnel, Gerald E. (3)
McDonnell, George J. (13)
McElroy, Ervin (14)
McFeely, Percy R. (2)
McGeary, John A. (20)
McGeehan, Stanley M. (1)
McGinn, William J. (20)
McGlade, Thomas H. (4)
McGovern, John F., Jr. (12)
McGuigan, Francis A. (11)
McGuire, John J. (7)
McGuire, Joseph T. (2)
McGuire, William A. (8)
McKelvie, Julius C. (13)
McKeown, George H. C. (7)
McKiernan, Robert L. (12)
McKim, William F. (7)
McKinstry, John W. (12)
McLane, A. Donald (2)
McLean, Herbert E. (9)
McLean, Hugh A. (9)
McLellan, George A. (7)
McLeod, Harry J. (2)
McLeod, Neill S. (12)
McLoughlin, Frank J. (9)
McLoughlin, John W. (9)
McMahon, Bernard C. (14)
McMurray, George B. (14)
McNeely, Julia A. (7)
McNenney, Claudio E. (9)
McParland, Timothy W. (18)
McPherson, Malcolm E. (16)
McTague, Robert S. (13)
McVay, Edward A. (7)
McVeigh, Charles J. D. (19)
Meacham, Eugene A. (12)
Means, Paul B. (11)
Mears, William G. (2)
Mecray, Paul M. (4)
Mecray, Paul, Jr. (4)
Medd, John C. (7)
Meehan, George E. (9)
Meehan, Martin M. (7)
Meeker, Irving A. (7)
Meeker, John L. (20)
Megibow, Harold J. (2)
Meier, William U. (16)
Meineke, William C., Jr., (20)
Meinhard, Fred (7)
Meinzer, Martin S. (12)
Meisel, David B. (7)
Mellen, Stanley H. (7)
Meloney, Lester F. (16)
Meltsner, Louis (9)
Meltzer, Louis (9)
Mendenhall, Clinton D. (3)
Meneve, Alfred D. (16)
Menge, Carl H. (15)
Menk, Paul E. (7)
Mensch, Harvey G. (20)
Merendino, Anthony G. (1)
Merkelbach, Walter P. (7)
Merlo, Francis A. (20)
Merlo, Francis V. (20)
Mermod, Camille (7)
Merrill, Edwin D. (10)
Merselis, John G. (7)
Mersheimer, Christian H. (9)
Messina, Thomas (7)
Messinger, Samuel (12)
Metsky, Joseph (7)
Metz, Henry (2)
Metzer, Emma P. W. (3)
Metzer, Freeman W. (3)
Metzger, Karl F. (13)
Meurlin, Alfred (7)
MeVay, James C. F. (1)
Meyer, Eugene A. (3)
Meyer, George P. (4)
Meyer, Howard M. (2)
Meyer, William (9)
Meyers, Francis R. (16)
Meyerson, Noah (9)
Mezzetti, Alfred F. (6)
Michell, George E. (21)
Michelson, Henry (16)
Mick, Edwin C. (7)
Mickewich, Stephen A. (9)
Miele, Frank A. (13)
Mierau, Ernest W. (7)
Milano, Cesare A. (1)
Miller, Earle K. (11)
Miller, George M. (12)
Miller, Gerald H. (11)
Miller, H. Garrett (6)
Miller, Herbert G. (2)
Miller, Herman P. (7)
Miller, I. Irwin (7)
Miller, Joseph A. (7)
Miller, Lewis H. (17)
Miller, Lucille F. (7)
Miller, Max H. (9)
Miller, Nathan (7)
Miller, Ralph (7)
Miller, Reginald C. (11)
Miller, Robert M. (20)
Miller, S. David (12)
Miller, S. Thomas (13)
Miller, Samuel R. (11)
Miller, Theodore R. (7)
Miller, William H. (17)
Milligan, Robert S. (20)
Milliser, Estelle T. (20)
Mills, Charles S. (3)
Mills, Clifford (14)
Mills, Stephen D. (20)
Minard, Edwy L. (7)
Minier, Carl L. (7)
Miningham, William D. (7)
Minnefor, Charles A. (7)
Minnella, Thomas J. (20)
Minschwaner, Geo. G., Jr. (11)
Mishell, Daniel R. (7)
Misko, Albert (18)
Missonellie, William (16)
Mitchell, Augustus J. (7)
Mitchell, Charles H. (11)
Mitchell, Charles R. (16)
Mitchell, Walter L., Jr. (7)
Mitchell, Willis B. (21)
Mitskas, Theodore V. J. (11)
Modeski, Chester J. (7)
Modrys, Walter F. (2)
Moeckel, Clarence W. (7)
Mohair, John P. (13)
Molitch, Matthew (1)
Monaco, Dante P. (7)
Monaco, Saverio A. (7)
Monaloy, Morris A. (16)
Monasson-Friedland, Ida (5)
Monfort, Robert N. (9)
Monica, Louis A. (9)
Moon, Alexander C. (5)
Moore, Dean C. (7)
Moore, James A. (7)
Moore, John P. (7)
Moore, Ralph L. (8)
Moran, John F., Jr. (10)
Mores, Herbert R. (2)
Moress, Edward J. (7)
Moretti, John J. (7)
Morgan, Browne (7)
Morici, Theodore (16)
Moriconi, Albert F. (11)
Morley, Grace C. (9)
Morrill, James P., Jr. (16)
Morris, Carlyle (12)
Morris, David G. (9)
Morris, Karl E. (20)
Morris, Nathan (18)
Morris, Thomas M. (20)
Morris, Watson B. (20)
Morrison, Caldwell (7)
Morrison, Frederick H. (19)
Morrow, Joseph R. (2)
Moschkowitz, Hermann (7)
Moscoe, Harry A. (16)
Moss, Mary C. (7)
Mott, Joseph E. (16)
Motzenbecker, Peter F. (7)
Motzenbecker, William J. (7)
Mount, Walter B. (7)
Mountford, William E. (11)
Muccia, John J. (9)
Mueller, George H. (9)
Muldoon, Edward J. (3)
Muller, Frederick L. (2)
Muller, Joseph H. (7)
Mulligan, Luke A. (2)
Mullin, Eugene F. (7)
Mullin, Raymond J. (7)
Mullins, Roy L. (10)
Mulvihill, William J. (9)
Munger, Ray T. (20)
Munro, Charles A. (3)
Munro, Jeannette (11)
Murn, Charles J. (16)
Murphy, Albert T. (20)
Murphy, Charles M. (13)
Murphy, Herschel S. (20)
Murphy, James A. (11)

Murphy, James M. (9)
Murphy, Leo J. (9)
Murphy, Patrick H. W. (9)
Murphy, Thomas W., Jr. (7)
Murray, Clifford K. (1)
Murray, Edwin N. (4)
Murray, Harrold A. (7)
Murray, Joseph A. (9)
Murray, Norman L. (20)
Murray, Robert A. (4)
Murto, Thomas V. (11)
Musetto, Carmelo A. (14)
Mustermann, Otto H. (9)
Muta, Samuel A. (7)
Mutchler, H. Raymond (14)
Muttart, George W. (9)
Mutter, Alfred A. (9)
Myatt, Leslie E. (6)
Myers, Norman V. (2)

ASSOCIATE MEMBERS

Makarchek, Sigmund J. (7)
Marin, Robert B. (7)
McCracken, Josiah C., Jr. (1)
McIlveen, Marion (2)
Merrick, Evelina (7)

N

ACTIVE MEMBERS

Nacca, Carl A. (7)
Nadel, Charles I. (7)
Nadler, Arthur A. (20)
Nafash, Shafeek (9)
Nafey, Herbert W. (12)
Nagler, Benedict (7)
Naidorff, Saul A. (20)
Nalitt, David I. (9)
Nappi, Pasquale E. (7)
Nash, Alexander E. (7)
Nash, Herman S. (7)
Nataro, Joseph (7)
Naulty, Charles W., Jr. (12)
Navazio, Attilio (14)
Nayfield, Romald C. (11)
Neal, Charles B. (6)
Neary, Edward R. (2)
Neer, William (16)
Neiderhoffer, Sydney L. (13)
Neiman, Watson E. (15)
Nelson, Harry (8)
Nemirow, Martin (16)
Nemzek, William P. B. (7)
Nesbitt, Elizabeth (16)
Netz, Lester W. (2)
Neville, Robert J. (2)
Nevius, William B. (7)
Newbury, Graham C. (20)
Newcomb, Marcus W. (3)
Newman, Abraham J. (9)
Newman, Grace T. (7)
Newman, Julius (7)
Newmeyer, Joseph (3)
Ney, J. Marshall (7)
Nichols, Frank I. (2)
Nichols, Stanley H. (13)
Nicholson, Frank P. (9)
Nickman, E. Harrison (1)
Nicol, Lorenz C. (2)
Nicola, Toufick (7)
Nicoll, George L. (14)
Nieman, Solomon Z. (12)
Niemtzow, Frank (13)
Nimaroff, Meyer (7)
Nittoli, Rocco M. (20)
Nobile, James J. (9)
Noll, Louis (7)
Nonziato, Frank A. (11)
Normand, Alphonse F. (12)
North, Harry R. (11)
Norton, James F. (9)
Norval, William A. (16)
Notkin, Meyer (16)
Noto, Philip (16)
Novello, Joseph A. (20)
Novich, Max (7)
Nuse, Edward F. (9)
Nussbaum, Harvey E. (7)
Nussbaum, Joseph (20)
Nussbaum, Nathan (16)
Nye, Howard H. (16)
Nyiri, William A. (7)
Nyvall, Pierre J. (15)

O

ACTIVE MEMBERS

Oberlander, Gertrude (7)
Obester, Gabriel E. (20)
O'Brian, Dennis M. (16)
O'Brien, Edwin J., Jr. (20)
Ockene, Abraham (9)
O'Connell, James J. (12)
O'Connor, Bernard A. (7)
O'Connor, Dennis F. (7)
O'Connor, John J. (9)
O'Connor, Michael J. (7)
O'Connor, Paul A. (7)
O'Crowley, Clarence R. (7)
Oderr, Charles (20)
Oesterreicher, Desider (9)
Offenkrantz, Frederick M. (7)
Ogden, Andrew E. (11)
Ogden, Michael A. (16)
O'Gorman, Michael W. (9)
O'Grady, Michael J. (7)
O'Hanlon, George (9)
Okin, Irving (16)
Olini, Joseph J. (7)
O'Lini, Louis J. (7)
Olpp, Archibald E. (9)
Olpp, John L. (2)
Ondovchak, M. Frederic (4)
O'Neill, Charles L. (7)
O'Neill, Charles L., Jr. (7)
O'Neill, Gonzalo, Jr. (7)
O'Neill, Joseph F. (11)
Opacity, Ernest A. (7)
Opdyke, Gordon M. (7)
Openchowski, Mieczyslaw (7)
Opper, Philip (16)
Oram, Joseph H. (16)
Oransky, Marvin (7)
Oren, Hyman (2)
Orloff, Samuel (7)
Ormsby, Thomas J. (7)
Ornaf, I. Edward (4)
O'Rourke, James J. (11)
Orris, Harold J. (7)
Ortolano, James J. (9)
Orton, Foster (20)
Orton, George L. (20)
Orton, Henry B. (7)
Orton, Stuart (20)
Osborn, A. Downey (13)
Osborn, Edward G. (4)
O'Shea, John J. (9)
Osher, Morris M. (20)
Oshrin, Henry (9)
Ostrowski, Sigismund J. (7)
O'Sullivan, John R. (9)
Owen, Logan S. (9)
Owen, Philip (20)

ASSOCIATE MEMBER

Outwin, Richard N. (7)

P

ACTIVE MEMBERS

Padden, Aloysius F. (2)
Paddock, Royce (7)
Padney, Edward V. (9)
Pagano, Peter (2)
Pagliughi, John J. (9)
Palazzo, William L. (14)
Palladino, Alessandro (7)
Pallen, Conde deS. (2)
Palma, Nicholas (16)
Palmer, Francis R. (16)
Palmer, Gideon H. (7)
Palmer, Henry S. (7)
Panigrosso, Louis R. (12)
Panitch, William (7)
Pannullo, John N. P. (7)
Pansy, Abraham A. (12)
Pantaleone, Joseph (11)
Papera, John J. (7)
Parent, Sol (7)
Paris, William (16)
Parker, Horace N. (11)
Parker, James W. (13)
Parker, John E. (7)
Parkes, Morey (7)
Parry, Allen A. (14)
Parry, Antoinette R. (14)
Parry, Oliver K. (13)
Parsonnet, Aaron E. (7)
Parsonnet, Eugene V. (7)
Pascall, Thomas M. (7)
Pasternack, Elroy (16)
Patella, Fulvio (16)
Pattenden, Franklin J. (13)
Patti, Frank A. (2)
Pattyson, Ralph A. (7)
Paul, George A. (7)
Paul, H. Carl (7)
Paulson, Arch M. (20)
Pavia, John R. (7)
Payne, Guy (7)
Payne, Guy Jr. (7)
Peacock, Arthur B. (3)
Pearl, Sydney S. (20)
Pearlstein, Frank (9)
Pearson, Theodore A. (18)
Peckman, Abram (9)
Pecora, Carmine L. (15)
Pecora, Samuel (7)
Pedevill, Joseph R. (2)
Pedrick, William W. (8)
Peer, Lyndon A. (7)
Pegau, Paul M. (8)
Pellegrini, Vincent J. (2)
Pellet, Thomas L. (19)
Pellicane, Anthony J. (12)
Pelliciari, Donald (7)
Penchansky, Samuel J. (9)
Pendexter, Sidney E. (7)
Pennington, Alfred W. (7)
Pennington, John (1)
Pentecost, Salvador D. (7)
Pentel, Louis S. (9)
Perelman, Julius S. (7)
Perez, John F. (1)
Perham, Bertram S. (7)
Perham, Roy G. (2)
Perkel, Louis L. (9)
Perlberg, Harry J. (9)
Pernetti, Anthony M. (16)
Perrine, Cornelius C. (13)
Perrone, Anthony J. (7)
Perrone, Arthur F. (9)
Perrotta, Anthony J. (13)
Perry, Frank L. (17)
Pessel, Johannes F. (11)
Peters, Edgar A. P. (9)
Peters, Richard C. (20)
Peterson, Charles A. (9)
Peterson, Walter R. (11)
Petry, William (7)
Pettit, Harry H. (2)
Pettit, Herschel (5)
Phelan, Walter F. (20)
Phelps, James E. (16)
Phillips, Algernon A. (7)
Phillips, Walter (2)
Piasecki, Chester A. (16)
Pieper, Howard C. (13)
Pierce, Henry A. (2)
Pierson, Carl L. (11)
Pierson, Joseph R. (11)
Pietri, Raoul (13)
Pignataro, Frank P. (13)
Pigott, Albert W. (18)
Pike, Charles E. (4)
Pilch, Arthur G. (7)
Pilkington, Albert (1)
Piller, Jacob (16)
Pilloni, Louis (7)
Piltz, George F. (9)
Pinckney, Frank H. (14)
Pincus, Isidore (7)
Pindar, Arthur W. (2)
Pindar, Frederick, S. (9)
Pindar, Irene D. (2)
Pindar, William A. (9)
Pinerman, Robert B. (11)
Pingitore, Eufelia (2)
Pink, Solomon H. (16)
Pino, Anthony (6)
Pinsky, Harry A. (4)
Pinto, Joseph A. (7)
Piskorski, Abdon V. (9)
Pitman, Mason W. H. (18)
Pittman, Allen R. (11)
Pizzi, Francis W. (7)
Pizzi, Mario V. (7)
Pizzi, Peter J. (2)
Placa, James A. (2)
Plant, James S. (7)
Plante, Amos A. (7)
Platt, Edward V. (4)
Platt, Thomas H. (12)
Plavin, Nathan J. (9)
Pleasants, Edward N. (13)
Plinke, Fritz W. (16)
Plume, Clarence A. (14)
Podell, A. Alfred (13)
Pogoloff, Samuel H. (18)
Pois, John (7)
Poland, George A. (1)
Polaner, George (7)
Poleshuck, Rubin (20)
Policastro, Nelson C. (2)
Polizzotti, Joseph L. (16)
Polk, Charles C. (20)
Pollack, Louis (20)
Pollak, Berthold S. (9)
Poller, Frederick K. (7)
Pollock, Samuel L. (14)
Pollock, Theodore (16)
Polow, Benjamin (7)
Polowe, David (16)
Pomeranz, Raphael (7)
Pons, Carlos A. (13)
Pontery, Herbert B. (9)
Potter, Benjamin P. (9)
Potter, Charles W. (21)
Potter, Ellen C. (11)
Potter, Raymond T. (7)
Pottinger, William E. (14)
Povalski, Alexander W. T. (9)
Powis, Ethel M. (11)
Poyas, Morton L. (11)
Prager, Bert A. (14)
Prall, Henry E. (2)
Prather, Charles G. (2)
Prather, John W. (2)
Pratt, Arthur G. (4)
Prazak, Beatrice (20)
Preece, John D. (11)
Pregnall, James P. (13)
Preston, Perry B. (7)
Price, Charles W. (7)
Price, H. Preston, (9)
Price, Henry S., Jr. (4)
Price, Nathaniel G. (7)
Prigger, Edward R. (17)
Prince, Robert A. (16)
Prince, Samuel (9)
Principato, Roberto (4)
Probst, Everett W. (7)
Proctor, Francis E. (11)
Proctor, Jesse E. (7)
Protzman, Thomas B. (2)
Prout, Thomas P. (20)
Prout, William B. (2)
Provisor, Benjamin (16)
Purcell, Ernest F. (11)
Purdy, Charles H. (9)
Pyle, Louis A. (9)
Pyle, Wallace (9)

ASSOCIATE MEMBER

Pepe, Salvatore A. (11)

Q

ACTIVE MEMBERS

Quad, Clifford W. (7)
Quaglieri, Charles L. (9)
Quigley, Frederic J. (9)
Quin, John A. (20)
Quinn, Edward D. (7)
Quinn, John J. (9)
Quinn, Norman J. (1)
Quirk, Martin A. (13)

R

ACTIVE MEMBERS

Raab, Michael (16)
Rabinowitz, Jacob H. (7)
Rachlin, Harry T. (7)
Rader-Hoheb, Katherine A.(2)
Radest, Louis J. (16)
Rados, Andrew (7)
Raffetto, Joseph F. (13)
Ragany, Joseph (11)
Ragione, Mario D. (7)
Rainey, Willard G. (11)
Ram, Nathan H. (7)
Rampona, Joseph M. (11)
Ramsey, F. Muriel (6)
Randazzo, Anton P. (16)
Ranson, Briscoe B., Jr. (7)
Rapalski, Adam J. (7)
Rapp, Robert F. (4)
Rathgeber, Charles F. (7)
Rauschenbach, Paul E.,Jr. (16)
Ravits, Everett C. (2)
Ravitz, Israel (7)
Ravitz, Samuel F. (7)
Rawitz, Sidney B. (7)
Read, Donald B. (9)
Read, Hilton S. (1)
Read, Jessie D. (20)
Read, William T., Jr. (4)
Reading, H. Eugene (16)
Reale, Frank P. (20)
Reale, Nicholas P. (18)
Reason, John J. (12)
Reeve-Allen, Jane (7)
Reeves, Ernest (16)
Reeves, J. Franklin (6)
Reich, Abraham L. (7)
Reich, Henry (7)
Reich, Jerome J. (20)
Reich, Mortimer (7)
Reich, Samuel B. (2)
Reid, Erwin W. (2)
Reilly, Christoper J. (7)
Reilly, David F. (20)
Reilly, John V. (7)
Reilly, Thomas F. (16)
Reinartz, Paul V. (7)
Reiner, David N. (16)
Reiner, Jacob (20)
Reingold, Alexander (9)
Reinhardt, Warren I. (7)
Reinhold, Herbert E. (2)
Reinhorn, Abraham J. (16)
Reisinger, Paul B. (11)
Reissman, Erwin (7)
Reiter, Walter A. (20)
Reitman, Norman (12)
Relyea, George M. (20)
Remer, Daniel F. (3)
Remondelli, Raphael E. (7)
Renna, Francis (14)
Renner, Clara C. (18)
Renzulli, Francesco (7)
RePass, Paul E. (7)
Repici, Anthony J. (1)
Resch, Henry U. (7)
Restaino, Charles F. (7)
Rettig, Isidor L. (7)
Revere, Seth D. (7)
Reyner, Daniel C. (1)
Reynolds, Donald G. (13)
Reynolds, George G. (13)
Reznikoff, Leon (9)
Rhoads, S. Creadick (8)
Rhone, David S. (4)
Ribbans, Robert C. (7)
Riccobono, Cosmo S. (16)
Rice, Franklin W. (14)
Rich, Charles (7)
Rich, Harry H. (7)
Rich, Wallace E. (7)
Richards, Ernest W. (2)
Richards, Paul S. (16)
Richardson, Charles A. (2)
Richardson, Emma M. (4)
Richardson, Marvin T. (7)
Richlin, Padie (12)
Ricketts, Henry E. (7)
Rieck, Allan (1)
Rieck, Walter R. (9)
Riegert, Louis C. (4)
Rieman, Aloysius P. (9)
Riese, Jacob A. (9)
Riffin, Irving M. (7)
Riggs, Vincent J. (7)
Riley, Philetus H. (14)
Rineberg, Irving E. (12)
Ringe, Charles L., Jr. (2)
Ringewald, Robert H. (2)
Rink, William E. (3)
Rinzler, Elliot (7)
Rinzler, Harry G. (16)
Rinzler, Harvey (15)
Ripley, E. Warren (7)
Rise, Wilson S. (1)
Ristine, Edwin R. (4)
Rita, James J. (11)
Ritter, John J. (16)
Rizzolo, Edward M. (7)
Robbin, Lewis (7)
Robbins, Eugene (7)
Robbins, Warren D. (5)
Roberts, Allison H. (7)
Roberts, Charles D. (2)
Roberts, David C. (7)
Roberts, Joseph E., Jr. (4)
Roberts, William A. (7)
Robertson, Eugene V. (16)
Robertson, Euston S. (7)
Robertson, Grace M. (20)
Robins, David (7)
Robinson, Anne W. (20)
Robinson, Ernest A. (13)
Robinson, John T. (18)
Robinson, Louis H. (7)
Robinson, Silas E. (2)
Robinson, William A. (13)
Rocco, Frank (7)
Rodi, Louis M. (1)
Rodman, E. Warren (3)
Roeber, William J. (7)
Roemer, Jacob (16)
Rogers, Dorothy M. (8)
Rogers, Harry L. (3)
Rogers, James A. (16)
Rogers, Laurence H. (11)
Rogers, Richard M. (7)
Rogers, Robert H. (7)
Roh, Robert F. (7)
Romano, Anthony M. (2)
Romano, Michael J. (16)
Romano, Patrick J. (7)
Rommer, Jack J. (7)
Rona, Maurice (12)
Rooks, Wendell H. (2)
Roop, William O. (1)
Rosamilia, Ralph E. (7)
Rose, Abraham (20)
Rose, Salvatore J. (7)
Rose, William G. (11)
Roseman, Herman I. (7)
Rosen, Charles D. (7)
Rosen, Charles E. (9)
Rosen, Emanuel (7)
Rosen, Sol (6)
Rosenbaum, Samuel X. (7)
Rosenberg, Albert B. (9)
Rosenberg, Jacob (9)
Rosenberg, L. Charles (7)
Rosenberg, Louis (1)
Rosenberg, Max (7)
Rosenblatt, Max B. (20)
Rosenblatt, Sidney (1)
Rosenstein, Jacob L. (9)
Rosenstein, Saivel L. (20)
Rosenthal, Abraham (13)
Rosenthal, Arnold J. (7)
Rosenthal, Bernice D. (6)
Rosenthal, Oscar J. (7)
Rosenthal, Sydney (7)
Rosner, Edwin (4)
Ross, Peter W. (16)
Ross, Selig J. (2)
Rossi, Bartolomeo (7)
Rossi, Gene (18)
Rost, Adolf S. (7)
Roth, Oswald H. (7)
Roth, Samuel R. (7)
Rothfuss, C. Howard (12)
Rothgesser, Jerome C. (7)
Rothhouse, Burnet (7)
Rothman, Theodore (16)

Rothschild, Daniel L. (7)
Rothschild, Karl (12)
Rothseid, Abraham (7)
Rowan, Henry M. (11)
Rowe, Jack M. (7)
Rowe, Joseph A. (2)
Rowland, John H. (12)
Rowohlt, George O. (2)
Roy, Bert W. (19)
Roy, Joseph N. (16)
Roylance, F. Dean, Jr. (2)
Rozsa, Stephen (7)
RuBacky, Joseph F. A. (16)
Rubba, Russell R. (1)
Rube, Joseph A. (2)
Rubens, Otto (14)
Rubenstein, Eli (9)
Rubenstein, Robert (9)
Rubin, Abraham A. (7)
Rubin, Adrian D. (13)
Rubin, Benjamin (12)
Rubin, David (20)
Rubin, Harold (13)
Rubin, Samuel (14)
Rubin, William (12)
Rubino, Nicholas M. (7)
Rucker, William C. (2)
Rudolph, John P. (4)
Rullman, Walter A. (13)
Rumage, William T. (7)
Rumsey, William L., Jr. (20)
Rundlett, Emilie V. (9)
Runnells, John E. (20)
Runyan, William J. (7)
Runyon, Laurence P. (12)
Ruocco, William B. (16)
Ruoff, Andrew C. (9)
Russell, Charles B. (16)
Russell, David L. (9)
Russell, Karl S. (4)
Russell, Leslie C. (7)
Russo, Dominic T. (18)
Russomanno, Raymond L. (7)
Ruttenberg, Louis (8)
Ruttenberg, Max (4)
Ruvane, Joseph J. (9)
Ryley, Harold W. (2)
Ryman, Merlin T. (14)

ASSOCIATE MEMBERS

Racz, George (12)
Re, N. Maurice (2)
Roston, Mark A. (7)
Rowland, Edward G. (11)
Ruccia, Arthur (7)

S

ACTIVE MEMBERS

Sabini, Cecil F. (9)
Sacco, Anthony G. (9)
Sacco, Gregory E. (13)
Sachs, Wilbert (9)
Sackin, Stanley (11)
Sadoff, Joseph (20)
Saffron, Morris H. (16)
Sager, Harold (9)
Sakowski, John P. (9)
Sala, Aldo W. (16)
Saladino, Anthony J. (9)
Salaky, William L. (12)
Salasin, Samuel L. (1)
Salmeri, Edward J. (2)
Salmon, Edward F. (9)
Salmon, Leon T. (10)
Salsberg, Ralph H. (7)
Saltus, Lloyd S. (14)
Salva, Edo J. (2)
Salvati, Leo H. (20)
Salvatore, Joseph T. (11)
Salway, Benjamin (11)
Salzman, Nathan (16)
Samson, Norman D. (7)
Samter, Max (4)
Samuel, Jerome H. (7)
Samuels, S. Lawrence (20)
Sand, Abraham B. (3)
Sandella, Joseph F. (12)
Sandler, Samuel A. (2)
Sanfacon, Thomas A. (16)
Santangelo, Emil L. (16)
Santangelo, Stephen (9)
Santora, Philip J. (7)
Santoro, Thomas A. (7)
Santosky, Benjamin B. (9)
Saporito, Archibald R. (7)
Saracino, Frank J. (7)
Saradarian, Albert V. (9)
Sarajian, Aram M. (2)
Sargent, Eva R. (18)
Sarla, Michael (2)
Saslow, Benjamin I. (7)
Satulsky, Emanuel M. (20)
Saulsberry, Charles E. (12)
Saunders, Orris W. (4)
Savage, Charles L. (17)
Savel, Lewis E. (7)
Sawyer, Blackwell (15)
Sax, Max T. (7)
Sayers, Francis P. (17)
Sayre, William D. (13)
Sbarra, Francesco C. N. (7)
Scala, H. Albert (9)
Scalera, John F. (7)
Scalessa, Mario F. T. (20)
Scammell, Frank G. (11)
Scanlan, D. Ward (1)
Scasserra, Benedict B. (11)
Schaaf, Royal A (7)
Schachter, Harry A. H. (7)
Schaefer, Eugene P. (7)
Schafer, Marguerite A. (16)
Schaffer, Barney (7)
Schaffer, Nathan (7)
Schall, Reuben E. (4)
Schapiro, Joseph (9)
Schectman, Vera (7)
Scheer, Eli (9)
Scheffler, Wilhelm A. H. (4)
Schefrin, Alexander E. (16)
Schellenger, Edward A. Y. (4)
Scheller, George A. (7)
Schenk, Joseph R. (20)
Schenker, Benjamin N. (9)
Schenker, Israel N. (9)
Schept, Samuel S. (9)
Scher, Maurice A. (7)
Schildkraut, Jacob M. (11)
Schiller, Edwin (20)
Schiller, Nicholas (7)
Schiller, Rosa O. (20)
Schilling, Anthony B. (20)
Schirber, Rene G. (12)
Schiro, S. Robert (2)
Schisler, Milton M. (3)
Schlein, August (9)
Schlein, David (20)
Schlichter, Charles H. (20)
Schlossbach, Theodore (13)
Schlossberg, Ezra (16)
Schmidt, Albert F. (13)
Schmidt, Clifford M. (19)
Schmidt, Walter W. (2)
Schmukler, Jacob (7)
Schneider, Charles A. (7)
Schneider, Clinton R. (15)
Schneider, Harry M. (9)
Schneider, Louis (7)
Schneider, Louis A. (9)
Schneider, Richard C. (7)
Schoenau, Carl W. (7)
Schotland, Clement E. (7)
Schrack, Helen F. (4)
Schram, William S. (18)
Schramm, Joseph A. (7)
Schreck, Harry (7)
Schretzmann, Rudolph C. (2)
Schuchner, William F. (9)
Schuck, Traugott J. (9)
Schulman, Abraham S. (9)
Schulsinger, Samuel (7)
Schulte, Herbert A. (7)
Schults, Anna R. (7)
Schultz, Augustin M. (16)
Schultz, Irving A. (2)
Schurman, Emil W. (9)
Schurman, Francis H. C. (7)
Schwartz, Harold (7)
Schwartz, Harold B. (9)
Schwartz, Henry C. (4)
Schwartz, Jacob R. (16)
Schwartz, Leon J. (6)
Schwartz, Mortimer L. (7)
Schwartz, Ralph A. (7)
Schwartz, Samuel H. (20)
Schwartz, William (16)
Schwartzberg, Frederick I. (16)
Schwarz, Berthold T. D. (9)
Schwarz, Henry J. (9)
Schwarz, Julianna L. (16)
Schwarzkopf, George C. (1)
Schwarzwald, Irving (9)
Schweizer, Roman G. (20)
Schwinn, Charles (1)

Sciarrillo, Louis F. (9)
Scielzo, Nicholas F. (16)
Scillieri, John (2)
Sciorsci, Edward F. (9)
Scott, Elmer A. (13)
Scott, Frederick J. (19)
Scott, Frederick W. (12)
Scott, Harold R. (14)
Scott, John J. (9)
Scott, Leonard G. (6)
Scott, Norman M. (7)
Scott, Parry M. (3)
Scott, R. Hunter (7)
Scott, Samuel G. (9)
Scranton, Charles W. (7)
Scribner, Charles H. (16)
Scullion, Arthur A. (2)
Sealey, Henry J. (2)
Seeler, Albert O. (20)
Seely, Roy B. (11)
Segard, Christian P. (2)
Seiberling, Joseph D. (4)
Seidler, Victor B. (7)
Seidman, Edwin A. (7)
Seidman, Joshua I. (7)
Seifert, Edwin A. (7)
Seiler, Benjamin (2)
Seitzick-Robbins, Hannah E. (11)
Sekerak, Albert J. (11)
Seligmann, Fred S. (9)
Selinger, Samuel (9)
Sell, Frederick W. (20)
Sellitto, Anthony M. (7)
Selvaggi, Carlo (7)
Sena, Dominic R. (20)
Sena, Marie A. (7)
Sender, Fannie (12)
Senerchia, Fred F., Jr. (20)
Serri, William S. (8)
Seto, Stanford P. T. (4)
Severud, Olaf J. (2)
Sewall, Millard F. (6)
Seward, Frederic H. (14)
Seward, William H. (7)
Sewell, Stephen (13)
Sexton, Edward V. (2)
Seybold, Arthur D. (20)
Seymour, Edward T. (2)
Seymour, George A. (20)
Shack, David N. (7)
Shack, Maxwell H. (7)
Shaen, Edward (4)
Shafer, Albert H. (4)
Shafer, F. William (4)
Shaner, Ralph D. (7)
Shangle, Milton A. (20)
Shangold, Jack E. (10)
Shanik, Morton J. (14)
Shanik, William (13)
Shannon, James B. (7)
Shannon, Lardner M. (7)
Shapiro, Charles S. (3)
Shapiro, David (16)
Shapiro, Louis (7)
Shapiro, Louis G. (16)
Shapiro, Maurice (9)
Shapiro, Nathaniel J. (9)
Shapiro, Ralph N. (7)
Shapiro, Samuel A. (7)
Shapiro, Saul J. (9)
Sharp, Charles E. (6)
Sharp, Reuben L. (4)
Shaul, Frederick G. (7)
Shaul, John F. (7)
Shavelson, Irving C. (1)
Shaw, Ernest B. (4)
Shaw, John J. (7)
Shaw, Ned (7)
Shayevitz, Abraham S. (12)
Sheaffer, Clinton P. (4)
Shear, M. Murray (11)
Shechner, Isadore (7)
Shechtman, Abraham (16)
Sheehan, Daniel C. (7)
Sheeran, Vincent J. (9)
Sheets, Cecil C. (8)
Sheft, Matthew J. (16)
Shemeley, William G., Jr. (4)
Shenfeld, Isaac (1)
Sheppard, Alfred G. (6)
Sheppard, Frank R. (6)
Sheppard, Muse A. (6)
Sheppard, Thomas S. (6)
Sherk, A. Lincoln (4)
Sherman, A. Russell (7)
Sherman, Arthur E. (7)
Sherman, Benjamin (14)
Sherman, Byron G. (14)
Sherman, Elbert S. (7)
Sherman, Fuller G. (8)
Sherman, Samuel H. (20)
Sherman, William E. (12)
Shevitz, David M. (21)
Shill, Benjamin (7)
Shimer, Floyd A. (21)
Shinefeld, Maurice A. (16)
Shipman, James S. (4)
Shippee, James N. (16)
Shipps, Hammell P. (3)
Shirlock, Margaret E. (6)
Shirrefs, Russell A. (20)
Shivers, Charles H. deT. (1)
Shlionsky, Herman (7)
Shook, Benjamin E. (9)
Shope, Edward P. (4)
Shor, David M. (7)
Shreehan, Hubert F. (7)
Shull, Elliott C. (4)
Shull, John V. (12)
Shulman, Abraham (16)
Shulman, Murray W. (7)
Shulman, Nathan L. (9)
Shuster, Samuel A. (1)
Sica, L. Samuel (11)
Siekel, Emanuel M. (15)
Sieber, Isaac G. (4)
Siegel, Isadore (12)
Siegel, Jack G. (7)
Siegel, Jacob W. (7)
Siegel, Lester (9)
Siegel, Sidney L. (6)
Siegler, Julius (9)
Siemion, Theophilis R. (11)
Sigman, George (9)
Silbermann, Maximilian (7)
Silberner, Herbert B. (7)
Silich, Robert L. (9)
Silk, Charles I. (12)
Sill, John B. (11)
Silver, E. Drew (11)
Silver, Harry B. (7)
Silverman, Irving A. (16)
Silverman, R. Louis (17)
Silverman, S. Andrew (7)
Silverman, Theodore M. (20)
Silvers, Homer I. (1)
Silverstein, Benjamin J. (7)
Silverstein, Jacob M. (7)
Simeone, Peter A. (9)
Simkin, Abraham (16)
Simmons, Albert V. (7)
Simms, George F. (7)
Simon, Henry (7)
Simon, Julius J. (16)
Simon, Ludwig L. (7)
Simon, Philip H. (16)
Simonson, Louis (7)
Simpson, David B. (9)
Sims, Richard V., Jr. (20)
Sinexon, Henry L. (8)
Singer, Bella (20)
Singer, Max (7)
Singer, Sina S. (9)
Singley, Harry P., Jr. (1)
Sinkinson, Charles D., Jr. (1)
Sinnott, Gerald W. (9)
Sinton, John Y. (11)
Sirotta, E. Bernard (8)
Sisson, Nelson W. (7)
Siveke, John (16)
Skvarla, John A. (2)
Skwirsky, Joseph (7)
Slack, Clarence J. (11)
Slaff, Florence (16)
Slater, Daniel (16)
Slavin, Paul (7)
Sloan, Samuel L. (16)
Slobodien, Benjamin F. (12)
Slocum, Harry B. (13)
Sly, John L. (20)
Smaine, Enrique delC. (2)
Small, E. Lester (3)
Small, Louis (16)
Smalley, Mahlon C. (18)
Smalzried, Elmer W. (7)
Smarzo, Marjorie M. (7)
Smith, Andrew M. (1)
Smith, Arthur B. R. (9)
Smith, Bertram H. (4)
Smith, Bryan A. (2)
Smith, Byron J. (7)
Smith, Christopher A. (7)
Smith, Edward C. (15)
Smith, Ellis L. (7)
Smith, Elroy W. (16)
Smith, George H. (7)
Smith, Harold W. (7)
Smith, Herman (21)
Smith, Ivan B. (12)
Smith, J. Meredith (21)
Smith, James D. (4)
Smith, John A. (12)
Smith, John V. (12)
Smith, Joseph A. (12)
Smith, Joseph J. (7)
Smith, Leon A. (16)
Smith, Leonard H. (7)
Smith, Malcolm K. (14)
Smith, Marcia V. (5)
Smith, Marshall (12)
Smith, Myra L. (20)
Smith, Nehemiah E. (2)
Smith, Percy L. (12)
Smith, Sydney F. (12)
Smith, Thayer A. (7)
Smith, W. Henley (11)
Smith, Wilbur A. (4)
Snagg, William T. (4)
Snape, William J. (4)
Snavely, Earl H. (7)
Snedecor, Spencer T. (2)
Snegireff, Leonid S. (11)
Snook, Lee O., Jr. (7)
Snyder, Howard P. (18)
Snyder, W. Jay (9)

Sobel, I. Jerome (16)
Sobin, Julius (7)
Sochacki, Alexander (4)
Sokoloff, Oscar J. (12)
Solk, Arthur G. (7)
Solms, Kent (16)
Solomon, David (9)
Solomon, Harold (7)
Solomon, Louis (9)
Solworth, Lee (2)
Somers, Fred L. (7)
Somers, Williard H. (2)
Sommer, George N. J. (11)
Sommer, George N. J., Jr. (11)
Sonnenberg, Arthur (7)
Sooy, L. Thomas (8)
Sorock, Emil M. (7)
Sosnow, Louis M. (2)
Spaldo, John L. (18)
Spano, Frank (9)
Sparks, Paul R. (3)
Spath, William H. (9)
Spence, Henry (9)
Spencer, Alvan (14)
Spencer, Ira T. (12)
Spencer, James H., Jr. (19)
Sperling, Irving L. (7)
Spickers, William (16)
Spicola, Louis A. (2)
Spiegelglass, Abraham B. (2)
Spillane, Timothy H. (21)
Spinner, Samuel L. (7)
Spirito, Michael W. (20)
Spivack, David (20)
Spohn, Eugene L. (9)
Spradley, Jeems B. (11)
Sprague, Edward W. (7)
Sprague, Seth B. (9)
Spranz, William S. (2)
Spritzer, Theodore D. (12)
Spurgeon, Dorsett L. (19)
Stabile, John A. (11)
Staehle, Richard H. (7)
Stage, Earl DeW. (14)
Stahl, Alfred (7)
Stahl, Charles (7)
Staknevich, John H. (7)
Stamps, G. Ruffin (1)
Stankiewicz, F. Stanley (9)
Stanton, Nathaniel B. (20)
Stark, Jacob (16)
Starr, Benjamin (9)
Statman, Arthur J. (7)
Staub, E. Milton (20)
Steel, John M. (11)
Steel, William A. (5)
Steele, Stephen (20)
Stefansin, Frank (9)
Steffens, Charles T. (12)
Stein, Albert (9)
Stein, Emil (20)
Stein, George H. (20)
Stein, Harold M. (16)
Stein, Isadore (20)
Stein, Jacob M. (9)
Stein, Joseph M. (4)
Stein, Louis A. (11)
Stein, Martin H. (20)
Stein, William (12)
Steinberg, Benjamin L. (16)
Steinberg, Werner (20)
Steiner, Edwin (7)
Steiner, Herbert (7)
Stephenson, Daniel H. (4)
Stephenson, Gordon A. (20)
Stern, David A. (7)
Stern, Max E. (7)
Stern, Morris H. (16)
Stetser, Leland M. (4)
Steuart, David F. R. (20)
Stevens, Merton H. (7)
Stevenson, G. McKay (20)
Stevenson, George S. (13)
Stewart, Edwin F. (13)
Stewart, Irving J. (8)
Stewart, Katherine E. (19)
Stewart, Robert G. (7)
Stewart, Sloan G. (1)
Stewart, Walter B. (1)
Stickles, Lloyd C. (7)
Stiles, C. Campbell (7)
Stinson, Richard (16)
Stockfisch, Robert H. (9)
Stoddard, Gordon V. (7)
Stokes, Anthony T. (9)
Stokes, Donald E. (7)
Stokes, Earle B. (7)
Stokes, James S. (16)
Stokes, Joseph (3)
Stokes, S. Emlen (3)
Stoll, George F. (7)
Stolow, Alan A. J. (10)
Stoltz, Raymond R. (16)
Stone, Frank P. (4)
Stone, Robert G. (11)
Stone, Russell B. (21)
Storaci, Frank S. (11)
Stout, J. Phillip (9)
Stouter, Francis L. (16)
Strack, Jerome A. (7)
Strack, Vincent J. (7)
Strahan, Frank G. (13)
Strasser, Hans A. (7)
Straub, Herbert H. (7)
Straughn, Clinton C. (13)
Straus, Max (7)
Strauss, Arthur (13)
Strauss, Clifton J. (20)
Strauss, Frederick (7)
Strauss, Leo M. (7)
Strauss, Max (7)
Strauss, William T., Jr. (7)
Streen, Morris E. (7)
Street, Daniel B. (9)
Strelinger, Alexander (20)
Strom, Abraham (20)
Stuart, Alexander A. S. (5)
Stuart, J. Earle (20)
Stuart, William C. (9)
Sturchio, Edoardo (7)
Sturchio, Eugenio (7)
Stybel, Joseph (20)
Subin, Harry (1)
Sucoff, Moses C. (16)
Suesserman, Henry (7)
Suffness, Gustave (20)
Sufrin, Emanuel (4)
Sullivan, Charles J. (12)
Sullivan, James A. (9)
Sullivan, John B. (2)
Sullivan, William M., Jr. (16)
Sullivan, William T. (7)
Sulouff, S. Henry (9)
Summerill, Garnett (4)
Summers, Alfred D. (11)
Summey, Thomas J. (3)
Surgent, George W. (16)
Surran, Carl A. (1)
Sussman, Harold (9)
Suter, Harry F. (17)
Sutherland, William W. (16)
Sutnick, Theodore B. (11)
Sutton, Harold L. (7)
Sutton, Joseph G. (7)
Swern, Nathan (11)
Swertfeger, Herbert W. (11)
Swiecicki, Martin E. (4)
Swiney, Juliana C. (9)
Swiney, Merrill A. (9)
Symes, Earl R. (7)
Szerlip, Leopold (7)
Szold, Norman F. (15)
Szuch, Nicholas (12)
Szymanski, John J. (16)

ASSOCIATE MEMBERS

Saco, Louis S. (16)
Sarokhan, Joseph (16)
Saslow, Stella K. (7)
Seaton, Stuart P. (11)
Shaver, Kenneth L. (11)
Silver, George A., Jr. (11)
Smith, Charles H. (7)
Smith, Frank W. (11)
Starr, George R., Jr. (7)
Stassi, Anthony V. (2)

T

ACTIVE MEMBERS

Taber, Frederick S. (12)
Taber, Leslie R. (16)
Taff, Harry (7)
Taffet, William (7)
Taft, Herman L. (9)
Talmage, William G. (14)
Talty, John C. (9)
Tansey, W. Austin, Jr. (7)
Taranto, Michael (20)
Tarbell, Harold A. (7)
Tataryan, Hovsep (9)
Tatem, Henry R., Jr. (4)
Tator, Arthur E. (20)
Taylor, Harold W. (2)
Taylor, Malcolm C. (14)

Taylor, Raymond A. (15)
Taylor, Walter A. (11)
Teeter, Charles E. (7)
Teichholz, Max H. (16)
Tell, M. Edward (16)
Temes, J. Howard (9)
Temple, Arthur H. (16)
Tenney, Albert S. (7)
Tenney, Luman H. (11)
Tennis, Edgar M. (2)
Tepper, Victor (7)
Terhune, Percy H. (16)
terKuile, Reinold W. (2)
Terrell, Edward E. (20)
Terreri, D. Joseph (14)
Teskey, Stanley (14)
Tether, Russell K. (2)
Thalheimer, Edward J. (6)
Thomas, Claude W. (17)
Thomas, George N. (6)
Thomas, Harry G. (13)
Thomas, Irene O. (16)
Thomas, John H. (7)
Thomas, Leon H. S. (16)
Thomas, Ralph B. (9)
Thomas, Thomas S., Jr. (14)
Thomison, Harry E. (7)
Thompson, Arthur F. (7)
Thompson, Austin B. (7)
Thompson, Edward C. (16)
Thompson, Minturn R. (20)
Thompson, Penrose H. (4)
Thomson, Carroll S. (7)
Thorne, Nathan (3)
Thorne, William P. (16)
Thornhill, Arthur C. (7)
Thornley, William F. (7)
Thornton, P. John S. (18)
Thron, Leopold E. (16)
Tidaback, John D. (20)
Tidwell, Harold F. (9)
Tilles, Samuel (15)
Tillis, Herman H. (7)
Tilton, William R. (7)
Timberlake, Baxter H. (1)
Timlin, James W. (9)
Tirrell, C. Malcolm (7)
Tisch, Leon (12)
Toal, Joseph (2)
Tobey, Franklin J. (7)
Toczek, Heinrich A. (7)
Todd, Francis H. (16)
Tolomeo, Martin E. (18)
Tomaiuoli, Michele (9)
Tomec, Otto C. (11)
Tomec, Richard F. (7)
Tomkins, William (16)
Tomlins, Francis I. (2)
Tomlinson, Rolland D. (20)
Tompkins, Grenelle B. (10)
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Townsend, Leslie M. (20)
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U

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Ulan, Oscar (7)
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Ulmer, D. H. Bartine (3)
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Urbanski, Adrian X. (12)
Urbanski, Matthew F. (12)
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Uzzell, Edward F. (1)

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V

ACTIVE MEMBERS

Vaczi, Stephen (11)
Valentin, Irmgard (7)
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Vanderbeek, Andrew B. (16)
Vanderbeek, Frank B. (16)
Vanderbeek, Stuart W. (2)
Vander Clock, Cornelius (16)
Vander Veer, H. Garrett (7)
van Dyke, Harry B. (12)
Van Dyke, Joseph S. (2)
Van Eerde, Albert (16)
Van Emburgh, George H. (7)
Van Gieson, Edward J. (7)
Vann, Dorothea D. (2)
Vann, Felix H. (2)
Vannatta, George W. (7)
Vanneman, Joseph S. (11)
Van Ness, H. Roy (7)
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Van Riper, William D. (2)
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Van Sickle, Albert W. (14)
Van Winkle, Charles I. (2)
Van Winkle, John S. (16)
Vargyas, Joseph C. (12)
Varney, William H. (21)
Varriano, John L. (9)
Vento, Sebastian J. (11)
Venturo, Ralph C. (8)
Verbeck, George B. (7)
Verdon, Robert E. (2)
Vermes, Leslie (19)
Vermeulen, Abram (16)
Vernaglia, Anthony P. (16)
Villapiano, Joseph G. (13)
Vincent, Nicholas F. (7)
Vinciguerra, Michael (20)
Virgilio, Anthony A. (7)

Visceglia, Frank R. (16)
Visconti, Joseph A. (9)
Vita, Frank J. (2)
Vitale, Dominic V. (20)
Viteri, Luis E. (3)
Vitolo, Ralph E. (20)
Vogel, H. Austin (20)
Volpe, Donald J. (1)
Vol-Tretter, Marta (11)
von Deilen, Henry O. (14)
Von Hofe, Frederick H. (7)
Von Oehsen, William H. (13)
Voorhees, Florence E. (7)
Voorhis, Charles F. (3)
Vosburgh, Fred (16)
Voss, J. Landon (14)
Voss, John C. (3)
Vostrosablin, Nicholas A. (9)
Vreeland, Ralph J. (16)
Vroom, William L. (2)

ASSOCIATE MEMBERS

Van Mater, John S. (12) Villanova, Ralph N. (7)

W

ACTIVE MEMBERS

Wacker, William F. (20)
Wade, Simon F. (20)
Wagner, J. George (3)
Wagner, John (7)
Wagner, Otto (20)
Wagner, Richard (20)
Wainright, Melvin A. R. (13)
Wakeley, William E. (7)
Waldron, Edward L. (11)
Waldron, Robert E. (7)
Walkenberg, Michael (7)
Walker, Ada H. (6)
Walker, Harold G. (16)
Walker, H. Burton (6)
Walker, Levi M. (1)
Walker, Robert B. (12)
Wallace, Marc J. (16)
Wallach, Bernard (18)
Wallack, Charles A. (7)
Wallack, Eli A. (9)
Wallhauser, Henry J. F. (7)
Walscheid, Arthur J. (9)
Walsh, Charles R. (7)
Walsh, Ronald J. (20)
Walsh, Thomas J. (11)
Walsh, Thomas J. (20)
Walters, George M. (12)
Walton, Gordon G. (16)
Walton, Ralph W. (7)
Wambsganss, Magdalena (7)
Wandall, Frederick G. (8)
Wangner, William F. (7)
Wantoch, Joseph (12)
Warburton, Jack C. (16)
Ward, Albert H. (16)
Ward, Albert J. (14)
Ward, Elisabeth B. (7)
Ward, Gertrude P. (7)
Ward, Leo J. (20)
Ward, William R. (7)
Ward, William R., Jr. (7)
Ware, Carl N. (6)
Warner, William H. A. (7)
Warren, Charles B. (2)
Warren, David E. (16)
Warren, Earl L. (16)
Warren, Jacob (16)
Warren, LeVerte T. (7)
Warter, Peter J. (11)
Warwick, Ralph A. (4)
Washburn, Philip C. (14)
Washington, William H. (7)
Wassing, Hans (16)
Waterman, Samuel M. (7)
Waters, Charles H. (11)
Waters, Edward G. (9)
Watkins, George R. (4)
Watman, Anthony J. (9)
Watov, Samuel E. (11)
Watson, Frederick S. (11)
Watts, Wilbur (11)
Waugh, Bascom S. (4)
Way, Clarence W. (5)
Wayman, Bernard R. (11)
Webb, Eleanor A. (20)
Webb, Wilson D. (2)
Weber, Francis C. (7)
Weber, John F. (12)
Weber, Laura E. (9)
Weber, Walter D. (9)
Wechsler, Joseph (9)
Weeks, Belford A. (1)
Weeks, Norman E. (7)
Weems, Don B. (8)
Wegrocki, Adolph A. (7)
Wegryn, Louis S. (20)
Weigel, Edgar W. (20)
Weigel, Elmer P. (20)
Weimann, Max L. (4)
Weinberg, Alfred (7)
Weiner, Henry T. (12)
Weiner, Samuel E. (1)
Weinert, Henry V. (16)
Weinmann, Max H. (7)
Weinstein, Francis S. (7)
Weinstein, Leopold (7)
Weinstein, Morris W. (7)
Weinstein, Robert A. (19)
Weinstock, Michael B. (7)
Weintraub, William L. (16)
Weiser, Edward H. (19)
Weisman, Stephen L. (16)
Weiss, Abram (9)
Weiss, Herman (14)
Weiss, Louis (7)
Weiss, Morris J. (9)
Weiss, Mortimer H. (7)
Weiss, Selma (7)
Weissberg, William W. (20)
Weissman, Meyer T. (20)
Weitz, Abraham (20)
Welkind, Allen A. (7)
Weller, Arthur (7)
Wells, William C. V. (3)
Weltchek, Herbert (20)
Wentzell, J. Earl (8)
Wesson, Harrison R. (7)
West, David H. (4)
West, Edgar L. (11)
West, Gordon F. (4)
West, Guernsey F. (21)
West, Heston R. (21)
Westerhoff, Peter D. (16)
Western, Frederic B. (20)
Westney, F. Rolfe (1)
Weston, Clifford G. (7)
Wethers, William A. (16)
Wetterberg, Louis F. (12)
Whaland, Berta (6)
Whalen, Edward C. (4)
Wheatland, Marcus F., Jr. (4)
Wheeler, James A. V. (9)
Wheeler, William K. (7)
Whelan, Edward P. (7)
Wherry, Elmer G. (7)
Whims, Clarence B. (1)
Whinery, Joseph F. (20)
Whitaker, Henry J. (8)
White, Frank S. (2)
White, Harry J. (12)
White, Hugh M. (9)
White, R. Rostin (1)
White, Richard E. (16)
White, Robert R. (7)
White, Thomas J. (9)
Whiticar, John H. (5)
Whitken, Albert I. (20)
Whitman, Lloyd B. (2)
Whittaker, Neil M. (2)
Wiant, Herman E. (4)
Widetsky, Alfred (2)
Wiener, David (7)
Wiesenfeld, Benjamin (12)
Wiesler, Howard M. (11)
Wiggins, Ulysses S. (4)
Wikoff, John L. (11)
Wilbur, Franklin L. (13)
Wilcox, Frank A. (9)
Wilentz, William C. (12)
Wilkins, Stanley O. (13)
Willan, Edward H. (7)
Willey, F. Parker (7)
Williams, David P. (14)
Williams, Edith B. (2)
Williams, Frank A. (20)
Williams, Harry D. (11)
Williams, Hiram (16)
Williams, John J. (7)
Williams, Leonard D. (20)
Williams, Louis E. (14)
Williams, Raymond A. (1)
Williams, William C. (2)
Williams, William C. (4)
Williamson, William L. (9)
Willis, Benedict P. (2)

Willner, Irving (7)
Willner, Philip (7)
Willson, James H. (7)
Wilner, Arthur S. (11)
Wilner, Irving (11)
Wilson, Charles W. (6)
Wilson, Harrison B. (2)
Wilson, Herbert H. (6)
Wilson, John H., Jr. (7)
Wilson, Lawrence A. (1)
Wilson, Lester R. (4)
Wilson, Robert B. (13)
Winn, Samuel L. (1)
Winslow, John H. (6)
Winter, Carl M. (4)
Winter, Egon W. (7)
Winter, Gladys C. (2)
Winters, Walter M. (16)
Wishnack, Meyer (16)
Witkoff, Ben. (2)
Witmer, John D. (12)
Witte, C. Norman (15)
Wittenborn, William F. J. (11)
Woelfle, Henry E. (9)
Wolbert, Charles M. (9)
Wolf, Erich (16)
Wolf, Frank A. (21)
Wolf, Israel J. (16)
Wolf, Raymond E. (7)
Wolfe, Edward E. (2)
Wolfe, Jacob S. (7)
Wolfe, William W. (7)
Wolff, Herbert M. (11)
Wolff, Jerome M. (20)
Wolfram, Julius (18)
Wolfson, Harry (16)
Wolgin, Philip L. (20)
Wolowitz, Harry B. (2)
Woltz, Sidney (9)
Wood, E. LeRoy (7)
Wood, Oran A. (8)
Woodman, Charles B. (14)
Woodruff, Dare (6)
Woodruff, Ralph G. (13)
Woodruff, Stanley R. (9)
Woody, McIver (20)
Woolf, Bernhardt H. (7)
Worcester, George F. (2)
Woronoff, Murray (13)
Wort, Frederick J. (7)
Wrensch, Alexander E. (7)
Wright, Herman W. (8)
Wright, Ralph S. (4)
Wroblewski, Benjamin M. (4)
Wry, Dean A. (16)
Wry, Orlin V. (2)
Wuerthele, Virginia E. (7)
Wuester, William O. (20)
Wurts, Margaret M. (7)
Wurzel, Milton (7)
Wyatt, Joseph H. (7)
Wyker, Arthur W. (7)
Wyman, Edward H. (3)

ASSOCIATE MEMBERS

Warner, Halsey F. (7)
Willey, Harry S., Jr. (7)
Wilson, Joseph G. (11)

Y

ACTIVE MEMBERS

Yablonsky, Max (7)
Yachnin, Samuel C. (16)
Yadkowsky, Emanuel (7)
Yaeger, Leslie A. (11)
Yager, J. Allen (16)
Yagol, Benjamin (20)
Yaguda, Asher (7)
Yankowicz, Michael (7)
Yates, Glen L. (7)
Yates, John S. (16)
Yeaton, William L., Jr. (9)
Yeaw, Ralph C. (16)
Yelin, Gabriel (7)
Yellin, Charles H. (20)
Ylvisaker, Lauritz S. (7)
Yolken, Harry (16)
Yontef, Reuben (9)
Yood, Raphael (20)
York, James L. (2)
York, Wilbur H. (11)
Yorke, Edward T. (20)
Yoskalka, Jack S. (7)
Yoskowitz, Benjamin (16)
Young, Franklin C. (20)
Young, George J. (14)
Young, I. Henry (7)
Young, James L. (18)
Young, John H. (7)
Yuckman, Robert O. (20)
Yuckman, William (20)
Yudkoff, William (9)
Yunck, William P., Jr. (9)

Z

ACTIVE MEMBERS

Zacchino, Arnold A. (2)
Zager, Saul (7)
Zalewski, Irene J. (16)
Zapf, Reville D. (8)
Zappala, John (17)
Zbar, Joseph E. (9)
Zehnder, A. Charles (7)
Zeitlin, Herman H. (20)
Ziccardi, Anthony V. (3)
Zimmer, William (7)
Zimmerman, Coler (7)
Zimmerman, Robert F. (14)
Zimskind, Joshua N. (11)
Zingales, Joseph A. (20)
Zingali, John A. (7)
Zitani, Alfred M. (9)
Zuck, Arthur C. (21)
Zuck, John A. (14)
Zuckerman, David E. (16)
Zvaifler, Nathan (7)
Zweibel, Leonard (7)
Zweigel, Isidore (7)
Zybulewski, Edmund A. (7)

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Comprising

THE MEDICAL SOCIETY OF NEW JERSEY

ON MARCH 15, 1944

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ATLANTIC COUNTY (1)

Society organized June 7, 1880. Meets second Friday evening monthly, except in June, July and August. Annual Meeting in May.

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Dyer, Edward H., Army
Elliott, Frazier J., Army
Erber, Leonard B., Army
Ernst, Philip A., 16 E. Main st., Mays Landing
Esposito, Antonio L., 31 12th st., Hammonton
Ewens, Arthur E., 3600 Pacific av., Atlantic City
Fish, Clyde M., 7 W. Washington av., Pleasantville
Fowler, Richard M., Jr., 112 N. Indiana av.,At.C'y
Fox, Wm. W., 101 S. Indiana av., Atlantic City
Frank, Myrtile, 227 Philadelphia av., Egg Harbor
Frank, Perry, Navy
Goldstein, Samuel, Army
Gordon, Benjamin L., 1616 Pacific av., AtlanticC'y
Gordon, Maurice B., 6917 Ventnor av., Ventnor
Gorson, Samuel F., 2005 Pacific av., Atlantic City
Gottlieb, Morris, Army
Grier, Robt. M., 50 E. Washington av.,Pl'santville
Gross, Max, 7401 Atlantic av., Margate City
Gruhler, Jean A., Army
Guion, Edward, Atlantic Co. Hosp., Northfield
Halpern, Samuel, Army
Harley, Halvor L., 101 S. Indiana av., Atlantic C'y
Harris, Edwin A., 5407 Atlantic av., Ventnor
Harris, William O., Army
Hersohn, Wm. W., Army
Hoffman, Harry S., 3302 Pacific av., Atlantic City
Holmes, H. David, 15 N. Indiana av., Atlantic C'y
Holoman, M. Browne, Army
Holt, Edward Z., 4100 Atlantic av., Atlantic City
Hudson, Howard S., Army
Hyman, Chas., 2807 Pacific av., Atlantic City
Infield, Gerald L., Army
Irvin, John S., 1910 Pacific av., Atlantic City
Jacobson, J. Joseph, 1616 Pacific av., Atlantic C'y
Johnson, V. Earl, 101 S. Indiana av., Atlantic City
Kahn, Leo, 32 States av., Atlantic City
Kaighn, Chas. B., 905 Pacific av., Atlantic City
Kline, Herman, Army
Krechmer, Abraham, 400 Pacific av., Atlantic City
Lawther, Boyd M., 1401 Shore rd., Northfield
Leonard, Isaac E., 2842 Atlantic av., Atlantic City
Leonard, Isaac E., Jr., Army
Magill, Marcus, Army
Major, Morton M., Army
Marshall, H. Donald, 707 N. Indiana av., Atl. City
Marvel, Peter H., Army
Mason, James H., 1616 Pacific av., Atlantic City
McGeehan, Stanley M., 6505 Atlantic av., Ventnor
Merendino, Anthony G., 2 S.Cornwall av.,Ventnor
McVay, James C. F., 2907 Pacific av., AtlanticC'y
Milano, Cesare A., 1 S. Brighton av., Atlantic City
Molitch, Matthew, Army
Murray, Clifford K., Navy
Nickman, E. Harrison, Army
Pennington, John, 101 S. Indiana av., Atlantic C'y
Perez, John F., 2518 Arctic av., Atlantic City
Pilkington, Albert, 117 S. Virginia av., AtlanticC'y
Poland, Geo. A., 206 E. Verona av., Pleasantville
Quinn, Norman J., 3303 Pacific av., Atlantic City
Read, Hilton S., Army
Repici, Anthony J., 107 N. 3rd st., Hammonton
Reyner, Daniel C., 2703 Pacific av., Atlantic City
Rieck, Allan, Army
Rise, Wilson S., Army
Rodi, Louis M., 412 Bellevue av., Hammonton
Roop, William O., 101 S. Indiana av., Atlantic C'y
Rosenberg, Louis, Army
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City
Rubba, Russell R., Army
Salasin, Samuel L., 511 Pacific av., Atlantic City
Scanlan, D. Ward, 15 S. Illinois av., Atlantic City
Schwarzkopf, Geo. C., 2901 Pacific av., AtlanticC'y
Schwinn, Chas., 7600 Winchester av.,Margate City
Shavelson, Irving C., Army
Shenfeld, Isaac, 4806 Atlantic av., Ventnor
Shivers, Chas. H. deT., 121 S. Illinois av., Atl. City
Shuster, Samuel A., Army
Silvers, Homer I., 16 S. Suffolk av., Ventnor
Singley, Harry P., Jr., Army
Sinkinson, Chas. D., Jr., 1616 Pacific av., Atl. City
Smith, Andrew M., 344 Philadelphia av.,EggH'rb'r
Stamps, G. Ruffin, Army

Stewart, Sloan G., Army
Stewart, Walter B., 8 N. Tallahassee av., Atl. City
Subin, Harry, Army
Surran, Carl A., 1616 Pacific av., Atlantic City
Timberlake, Baxter H., Army
Uzzell, Edward F., 2703 Pacific av., Atlantic City
Volpe, Donald J., Navy
Walker, Levi M., Army
Weeks, Belford A., Army
Weiner, Samuel E., 904 Pacific av., Atlantic City
Westney, F. Rolfe, 1920 Pacific av., Atlantic City
Whims, Clarence B., Army
White, R. Rostin, 644 Shore rd., Somers Point
Williams, Raymond A., 7207 Atlantic av., Ventnor
Wilson, Lawrence A., 114 N. Shore rd., Absecon
Winn, Samuel L., Army

Number of Active Members and basis of representation, 124.

ASSOCIATE MEMBER

McCracken, Josiah C., Jr., Army

HONORARY MEMBERS

James, Henry C., Mays Landing
Marcus, Joseph H., Atlantic City
Martin, William, Atlantic City

RESIGNED

Davis, W. Cole

BERGEN COUNTY (2)

Society organized February 28, 1854. Meets on second Tuesday of each month, except July and August. Annual Meeting in May.

ACTIVE MEMBERS

Agayoff, John D., 127 S. Washington av., Bergenf'd
Alexander, Samuel, 12 S. Main st., Park Ridge
Alexander, Stewart F., Army
Anderson, Reuben M., 15 Anderson st., Hackens'k
Angelillis, Paul, Army
Angioletti, Louis V., Army
Appold, George D., 60 E. Church st., Bergenfield
Baketel, H. Sheridan, 155 VanWagenen av., Jer.C'y
Baldwin, John F., Army
Balze, Henry R., 147 Christie st., Leonia
Banta, Raymond E., Army
Barbash, Roslyn H. W., 835 Red rd., Teaneck
Barlow, G. Barton, Army
Barnes, Wm. J., 155 Engle st., Englewood
Baron, Herbert A., 150 Terrace av., Hasbr'k Hts.
Basralian, Jos. B., 333 Wash'gton pl., Hasbr'k Hts.
Beres, Albert J., 492 Wood-Ridge av., Wood-Ridge
Berke, Raynold N., 430 Union st., Hackensack
Bernard, Richard C., Army
Beyer, William, Army
Blauvelt-Welles, Grace B., 76 Heights rd., Ridgew'd
Bleasby, Charles B., 136 Passaic st., Garfield
Blenkle, Victor A., Army
Bono, Jos. J., 647 Anderson av., Cliffside Park
Bookstaver, Barnet S., 241 Cedar lane, Teaneck
Bosch, Taeke, 290 E. Franklin Turnpike, Hohokus
Branon, Mark E., Army
Bregman, Alexander, 2 Dempsey av., Edgewater
Brennan, Alfred T. V., Jr., 275 Engle st., Englew'd
Brown, John L., Army
Brown, Leonard, Army
Buckley, Paul J., 159 Palisade av., Bogota
Bump, Samuel C., Army
Burbank, Hugh E., 262 Stuyvesant av., Lyndhurst
Burnham, Lyman, 229 Engle st., Englewood
Burns, Geoffrey C. H., County rd., Demarest
Busicco, Philip S., 131 Liberty rd., Englewood
Calabrese, D. John, 114 Rochelle av., Rochelle P'k
Campbell, James M., 101 S. Central av., Ramsey
Candio, Vincent P., Army
Carbone, Ralph, Army
Carroll, Thomas R., Army
Cartnick, Louis C., 228 Hillcrest av., Wood-Ridge
Caruso, Paul F., Army
Casciano, Adolph D., Army
Catania, Joseph P., 140 Passaic st., Garfield
Chase, Kalman, Jr., 80 Sheridan av., Hohokus
Clarie, D'Arcy C., Army
Clarke, Edward W., 435 Warwick av., W.Englew'd
Cloud, Albert W., 139 Hugenot av., Englewood
Cochrane, Cleland D., Main st., Closter
Connor, Clarence A., 1586 Center av., Fort Lee
Cooper, Howard M., 37 Ridge rd., Rutherford
Coppoletta, Joseph M., Navy
Corn, David, 119 Park st., Ridgefield Park
Costabile, Vincent, Army
Coughlin, Joseph J., Army
Crandall, John K., 200 Main st., Fort Lee
Cropsey, Chas. D., 168 Chestnut st., Rutherford
Curtis, Donald A., Army
D'Agostin, Henry, 243 Fulton ter., Cliffside Park
D'Amato, Charles R., Army
Dayton, Spencer T., 86 W. Demarest av., Englew'd
DeBiaso, Cornelius V., Army
Decker, John G., 216 Blvd., Hasbrouck Heights
Denison, Ward C., Navy
DeSanto, A. M., Summit av. & Essex st., Hack'ns'k
Deuell, William D., Navy
Dezer, Chas. N., Jr., 210 Main st., Hackensack
Dickson, John D., 202 Larch av., Bogota
Doyle, George F., 149 St. Nicholas av., Englewood
Duffy, Joseph F., 358 Kinderkamack rd., Westw'd
Duisberg, Richard E. H., Army
Edgerly, Sherburn E., Navy
Edwards, J. Bennett, 144 Woodridge pl., Leonia
Ehrlich-Morrow, Laura E., 65 L'v'gst'n av., L'dh'st
Ellmers, Basil J., 304 Milford av., New Milford
Essertier, Edward P., 273 State st., Hackensack
Evans, J. Lawrence, Jr., Army
Fadden, Francis J., Jr., 275 Engle st., Englewood
Farmer, Vincent, 430 Union st., Hackensack
Farr, Walter J., Army
Fechner, Herta, 846 Garrison av., Teaneck
Fermaglich, Harry B., 881 Garrison av., Teaneck

Ferrari, Andrew F., 110 Hackens'k st.,E.Ruth'rf'd
Fessler, William, 31 Knox av., Cliffside
Fietti, Vincent G., 112 Ridge rd., Lyndhurst
Finke, George W., 237 State st., Hackensack
Finke, John H. D., 19 Hudson st., Hackensack
Fisher, Percy C., 145 Franklin av., Ridgewood
Fitzhugh, William F., Army
Fitzpatrick, Leo J., Army
Fliegel, Wm. M., 85 W. Passaic st., Maywood
Forte, F. Chester, 111 State st., Hackensack
Freeland, Frank, 281 State st., Hackensack
Friedman, Abraham I., Army
Gatti, Joseph D., Army
Gershman, Joseph G., Navy
Gilady, Raphael, 205 Union st., Hackensack
Giordano, Wm. C., 855 Broad st., Ridgefield
Gittelsohn, Isador, 896 Kind'rkam'k rd.,RiverEdge
Gitterman, David A., Army
Gladstone, Albert L., Army
Goldberg, David, 7 Bogert pl., Westwood
Goldfarb, Abraham, Army
Gordon, Sarah, 327 Cedar lane, Teaneck
Gramsch, A. Louis, Bergen Pines, Oradell
Greenfield, Arthur W., 50 Anderson st.,Hackens'k
Greenfield, Wm. J., 50 Anderson st., Hackensack
Grimes, Jesse R., Army
Grimes, Robert R., Army
Groff, Parker A., 159 Washington av., Little Ferry
Grueninger, Edward F., Army
Hagovsky, Albert J., 301 Hackens'k st., Carlstadt
Halpern, Herman, 143 Engle st., Englewood
Halpern, Jesse O., Army
Harryman, Wm. K., 271 Union st., Hackensack
Hawes, Vernon L., Army
Helff, Joseph R., 1367 Teaneck rd., W. Englewood
Heller, George, Army
Hensle, Otto S., Army
Hillsman, R. Bryan, Army
Hirsch, John J., Army
Hitzemann, Louis A., Navy
Horowitz, Herman J., Army
Hull, Donald B., Army
Irwin, John H., Navy
Jacobitti, Edmund E., 491 Maywood av., Maywood
Jenkins, Alvah R., 40 Armory st., Englewood
Johnson, G. Leonard, Army
Johnston, Rufus O., Army
Johnston, Sidney F., Navy
Jordan, Walter L., 145 Engle st., Englewood
Jukofsky, Isidore D., 32 Union pl., Ridgefield Park
Kakascik, Emil J., Navy
Kastler, Franz, 54 Ames av., Rutherford
Keir, Floyd E., 308 Engle st., Englewood
Kennedy, Paul A., 147 Tenafly rd., Englewood
King, Chester A., 412 Kinderkamack rd., Oradell
Kingma, John G., Goffle Hill rd., Midland Park
Kingslow, George L., 346 1st st., Hackensack
Kissinger, Donald J., Army
Klostermann, Julius A., Army
Knapp, Richard E., 25 Hudson st., Hackensack
Knight, William T., Army
Knowles, George M., Army
Knox, Chas. A , 138 Bergen av., Ridgefield Park
Knox, Harriet L., 390 Union st., Hackensack
Kosminsky, Louis, Army
Kraissl, Cornelius J., Army
Kralick, Louise C., 248 Terrace av., Hasbr'k Hts.
La Barba, Peter J., Navy
Lamberto, Vito A., 422 Stuyvesant av., Lyndhurst
Latona, Joseph A., 78 Main st., Lodi
Legato, Samuel F., Army
Lemmerz, Willard H.,184 Hackens'k st.,W'd-Ridge
Lesko, Stephen W., 234 Mt.Pl's'nt av.,E.R'therf'd
Levitas, Geo. M., 199 Fairview av., Westwood
Levitas, Irving M., Army
Levy, Jack D., 191 Union st., Hackensack
Lewis, Alice B., E. Saddle River rd., Saddle River
Liddy, Frank J., Army
Littwin, Charles, 950 Queen Ann rd., Teaneck
Liva, G. Albin, Army
Liva, Paul F., 280 Stuyvesant av., Lyndhurst
Loman, Samuel G., Army
Lombardi, Frank L., Army
Lord, C. Donald, Army
Lueddecke, Roland E., 216 Rand'lph av.,E.R'th'f'd
Luria, Sanford A., Army
Lynch, Maurice M., Navy
Lyons, Romola L. K.,171 Mead'wbr'k rd.,Englew'd
Macaulay, Francis A., 815 Elm av., Teaneck
MacKellar, James M., 26 E. Clinton av., Tenafly
MacLaren, Philip J., Navy
Maddren, Russell F., 372 Union st., Hackensack
Mader, A. Ivan, Jr., Army
Mancene, Edward M., Army
Markley, Luther A., Holy Name Hosp., Teaneck
Marx, Fred'k J., 539 Kinderkamack rd.,RiverEdge
McCormack, Frank C., 95 Tenafly rd., Englewood
McFeely, Percy R., 242 Palisade av., Bogota
McGuire, Joseph T., 54 Main st., Lodi
McLane, A. Donald, Army
McLeod, Harry J., 71 Forest rd., Tenafly
Mears, Wm. G., 222 Overlook av., Leonia
Megibow, Harold J., Army
Metz, Henry, Army
Meyer, Howard M., 400 Maple Hill dr., Hackens'k
Miller, Herbert G., Army
Modrys, Walter F., Army
Mores, Herbert R., Army
Morrow, Joseph R., Bergen Pines, Oradell
Muller, Frederick L., 413 Third st., Carlstadt
Mulligan, Luke A., Army
Myers, Norman V., Navy
Neary, Edward R., Army
Netz, Lester W., Army
Neville, Robert J., 547 Main st., Hackensack
Nichols, Frank I., 52 Euclid av., Hackensack
Nicol, Lorenz C., 360 Larch av., Bogota
Olpp, John L., Army
Oren, Hyman, 24 Park av., Park Ridge
Padden, Aloysius F., Army
Pagano, Peter, 324 Franklin av., Ridgewood
Pallen, Conde deS., Army
Patti, Frank A., Navy
Pedevill, Jos. R., 232 Highland av., Palisades P'k
Pellegrini, Vincent J.,315Rochelle av.,RochelleP'k
Perham, Roy G., 248 Blvd., Hasbrouck Heights
Pettit, Harry H., 138 Franklin av., Ridgewood
Phillips, Walter, 109 E. Palisade av., Englewood
Pierce, Henry A., Army
Pindar, Arthur W., Army
Pindar, Irene D., 627 Queen Anne rd., Teaneck
Pingitore, Eufelia, 30 Martin ter., Hackensack
Pizzi, Peter J., Army
Placa, James A., 200 Oak st., Ridgewood
Policastro, Nelson C., Army
Prall, Henry E., 755 Anderson av., Cliffside Park
Prather, Charles G., Army
Prather, John W., 155 Washington av., Dumont
Protzman, Thomas B., Army
Prout, Wm. B., 88 W. Forrest av., W. Englewood
Rader-Hoheb, Katherine, 5 Lincoln av., Rutherf'd
Ravits, Everett C., Army
Reich, Samuel B., 286 Union st., Hackensack
Reid, Erwin W., 125 Marsellus pl., Garfield
Reinhold, H. E., 441 W. Englew'd av.,W.Englew'd
Richards, Ernest W., 374 DeWolf pl., Hackensack
Richardson, Charles A., Main st., Closter
Ringe, Charles L., Jr., Army
Ringewald, Robert H., 284 Broad av., Leonia
Roberts, Charles D., Army

Robinson, Silas E., Franklin T'rnpike, Waldwick
Romano, Anthony M., 332 Liberty av., Hillsdale
Rooks, Wendell H., Goffle Hill rd., Hawthorne
Ross, Selig J., Army
Rowe, Joseph A., 174 S. Maple av., Ridgewood
Rowohlt, George O., 175 Washington av., Dumont
Roylance, F. Dean, Jr., Army
Rube, Joseph A., Army
Rucker, William C., 408 Main st., Hackensack
Ryley, Harold W., 1 Lincoln pl., E. Rutherford
Salmeri, Edward J., Army
Salva, Edo J., 17 W. Central Blvd., Palisades P'k
Sandler, Samuel A., Army
Sarajian, Aram M., 131 Ayers ct., W. Englewood
Sarla, Michael, 55 Hudson st., Hackensack
Schiro, S. Robert, 73 Main st., Lodi
Schmidt, Walter W., 386 Palisade av., CliffsideP'k
Schretzmann, Rudolph C.,60D'n'lds'n av.,R'therf'd
Schultz, Irving A., 31-11 Broadway, Warren Point
Scillieri, John, Army
Scullion, Arthur A., 460 Anderson av., CliffsideP'k
Sealey, Henry J., 79 Washington av., Dumont
Segard, Christian P., 204 Glenwood av., Leonia
Seiler, Benjamin, 580 Palisade av., Cliffside Park
Severud, Olaf J., Navy
Sexton, Edward V., Navy
Seymour, Edward T., 55 Hillside av., Tenafly
Skvarla, John A., 17 Koster st., Wallington
Smaine, Enrique delC., Army
Smith, Bryan A., 10 N. Monroe st., Ridgewood
Smith, Nehemiah E., 33½ Humphrey st.,Englew'd
Snedecor, Spencer T., Army
Solworth, Lee, Army
Somers, Williard H., Army
Sosnow, Louis M., 51 Central av., Hillsdale
Spicola, Louis A., Army
Spiegelglass, Abraham B., 417 Main st., Hack'ns'k
Spranz, William S., 546 Oradell av., Oradell
Sullivan, John B., Army
Taylor, Harold W., 247 Mountain road, Englewood
Tennis, Edgar M., 375 Engle st., Englewood
terKuile, Reinold W., Army
Tether, Russell K., Main st., Closter
Toal, Joseph, 803 Prospect av., Ridgefield
Tomlins, Francis I., Army
Toscano, George A., 305 Union st., Hackensack
Turner, Isabel B., 141 Sheffield av., Englewood
Twinem, Francis P., Navy
Tyson, Frances B., 101 Leonia av., Leonia
Utens, Max, Army
Vanderbeek, Stuart W., 143 Engle st., Englewood
Van Dyke, Jos. S., 42 Palisade Blvd., Palis'desP'k
Vann, Dorothea D., 63 Spring lane, Englewood
Vann, Felix H., Army
Van Riper, William D., Army
Van Winkle, Charles I., Navy
Verdun, Robert E., 710 Bergen av., Cliffside
Vita, Frank J., Army
Vroom, Wm. L., 88 W. Ridgewood av., Ridgewood
Warren, Chas. B., 181 Prospect av., Bergenfield
Webb, Wilson D., 316 State st., Hackensack
White, Frank S., Army
Whitman, Lloyd B., 7 W. Clinton av., Bergenfield
Whittaker, Neil M., 418 Main st., Hackensack
Widetsky, Alfred, Army
Williams, Edith B., 70 Anderson st., Hackensack
Williams, William C., 9 Ridge rd., Rutherford
Willis, Benedict P., 185 Montrose av., Rutherf'd
Wilson, Harrison B., 430 Union st., Hackensack
Winter, Gladys C., 717 Norma court, Teaneck
Witkoff, Ben., 215 Terrace av., Hasbrouck Heights
Wolfe, Edward E., Army
Wolowitz, Harry B., Army
Worcester, George F., 220 Engle st., Englewood
Wry, Orlin V., 95 High st., E. Rutherford
York, James L., Army
Zacchino, Arnold A., Navy

Number of Active Members and basis of representation, 311.

ASSOCIATE MEMBERS

Allison, Mary B., 157 Engle av., Englewood
Consentino, Joseph S., Teaneck
DeCecio, Thomas, 691 Palisade av., Cliffside Park
Essertier, Harland C., 263 Franklin av., Ridgew'd
Jaslow, Seymour P., Wyckoff
Kaplan, Isaac M., 901 Garrison av., Teaneck
McIllveen, Marion, 260 Godwin av., Ridgewood
Re, N. Maurice, Palisade
Stassi, Anthony V., 481 Passaic av., Lodi

HONORARY MEMBERS

Burbank, Hugh E., Lyndhurst
Byers, Clarence W., Rutherford
Clock, Ralph O., Scarsdale, N. Y.
Proctor, James W., Tenafly
Tidwell, George W., Rutherford

COURTESY MEMBERS

Carey, Benjamin, Westwood
Coca-Fernendez, Arthur, Oradell
Cuono, Joseph D., Army
Franklin, Sidney I., Michigan
Hambright, Arthur M., Ramsey
Opitz, Burton R., Palisade
Solms, Kent, Paterson
Spickers, William, Paterson

TRANSFERS

Anderson, Ethelyn, from Essex County
Cooke, H. Hamilton, to Illinois
Reilly, David F., to Union County
Solms, Kent, to Passaic County
Tanner, Monroe J., to Ohio

BURLINGTON COUNTY (3)

Society organized May 19, 1829. For the duration the Society meets (excepting June, July and August) second Thursday evening during October, December, February, April and May at Riverton Country Club, Riverton, N. J.; each second Thursday afternoon during September, November, January and March at 4:00 p. m. at the Burlington County Hospital, Mt. Holly.

ACTIVE MEMBERS

Anderson, Richard D., Navy
Atkinson, James Q., 63 Mill st., Vincentown
Betts, R. Winfield, Army
Bray, William E., 41 Elizabeth st., Pemberton
Busansky, Samuel T., Circle dr., Browns Mills
Clement, John B., Army
Conroy, John S., 124 E. Broad st., Burlington
Curtis, Howard C., 224 E. Main st., Moorestown
Darlington, Emlen P., New Lisbon
Davis, E. Vernon, Army
Davis, Jacob M., 1400 High st., Burlington
Dickson, T. Bruce, 408 Main st., Riverton
Downs, Roscius I., 3310Brownsv'le rd.,P'tsb'gh,Pa.
Fahrenbruch, Fred'k D., 101 Garden st., Mt.Holly
Geary, Russell D., 337 Bridgeboro rd., Riverside
Gibson, Chas. F., 131 E. Federal st., Burlington
Haines, Edgar J., 45 S. Main st., Medford
Haldeman, Robert E., Army
Hartman, Luther M., 111 E. Main st., Maple Shade
Hebble, Howard M., Navy
Hornberger, J. Howard, 4th & Main sts., Roebling
Hunter, Edward R., 321 Union av., Delanco
Imhoff, Robert E., Army
Kuder, Joseph M., Army
Landis, Harry P., Jr., Army
LeFavor, Dean H., Army
Longsdorf, Harold E., 200 Garden st., Mt. Holly
Love, Elizabeth F., 142 E. Oak av., Moorestown
Lucas, W. Fred, 23 W. Broad st., Burlington
Mark, Harry B., 600 Elm ter., Riverton
McDonnel, Gerald E., 470 High st., Mt. Holly
Mendenhall, Clinton D.,412 F'rnsw'th av.,B'rd'nt'n
Metzer, Emma P. W., 430 Fairview st., Riverside
Metzer, Freeman W., Army
Meyer, Eugene A., Army
Mills, Charles S., 106 Lippincott av., Riverton
Muldoon, Edward J., Navy
Munro, Charles A., Main st., Marlton
Newcomb, Marcus W., Browns Mills
Newmeyer, Joseph, Army
Peacock, Arthur B., 39 W. Main st., Columbus
Remer, Daniel F., 417 High st., Mt. Holly
Rink, William E., 33 W. Union st., Burlington
Rodman, E. Warren, Army
Rogers, Harry L., 408 Main st., Riverton
Sand, Abraham B., Army
Schisler, Milton M., 2nd & Church sts., Florence
Scott, Parry M., 466 Cooper st., Beverly
Shapiro, Chas. S., S. Forklanding rd., MapleShade
Shipps, Hammell P., 739 Chestnut st., Delanco
Small, E. Lester, 30 Branch st., Medford
Sparks, Paul R., Army
Stokes, Joseph, 220 E. Main st., Moorestown
Stokes, S. Emlen, 129 Chester av., Moorestown
Summey, Thos. J., 800 Golf View rd., Moorestown
Thorne, Nathan, 119 Chester av., Moorestown
Tracy, George T., 222 Warren st., Beverly
Ulmer, D. H. B., 199 Chestnut st., Moorestown
Viteri. Luis E., Army
Voorhis, Charles F., 330 Morgan av., Palmyra
Voss, John C., 634 Thomas av., Riverton
Wagner, J. George, Riverbank, Delanco
Wells, William C. V., Navy
Wyman, Edward H., Navy
Ziccardi, Anthony V., Army

Number of Active Members and basis of representation, 65.

CAMDEN COUNTY (4)

Society organized August 14, 1846. Meets first Tuesday in each month, October to May, inclusive, with an outing in June. Annual Meeting in May.

ACTIVE MEMBERS

Anderson, Wm. M., 20 Kings H'way,W.,Hadd'nf'd
Andrus, David L., 805 Cooper st., Camden
Asbell, Nathan, Coast Guard
Assante, M. Hugo, Army
Athey, Kenneth L., Army
Baker, Banks S., Army
Baker, Maurice E., 1149 Kaighn av., Camden
Barb, Kirk B., 1303 Princess av., Camden
Barnshaw, Harold D., Navy
Barroway, James N., Army
Becker, C. Frederick, 620 Benson st., Camden
Beideman, Casper M., 5 W. Maple av.,Merch'ntv'le
Bentley, David F., Jr., 406 Cooper st., Camden
Betancourt. Raul R., Army
Bowen, Robert N., Army
Brennan, Chas. L. S., 14 S. Broadway, Gloucester
Brennan, John P., 429 Cooper st., Camden
Brown, Stanley L., Navy
Browning, Wm. J., 134 N. Centre st., Merchantv'le
Burns, Wilmer F., Army
Bush, Ralph K., 131 E. Park av., Merchantville
Buzby, B. Franklin, 414 Cooper st., Camden
Carlander, O. R., 1972 Browning rd.,Merchantville
Casselman, Arthur J., 301 N. 2nd st., Camden
Chesnick, Reuben B., Army
Clark, Ernest W., 407 Cooper st., Camden
Clarke, R. Manning, 401 W.JerseyTr.Bldg.,Camd'n
Cohen, Paul, Army
Collier, Martin H., Camden Co. T.B.Hosp.,Lakel'n
Conlen, Richard, 514 Cooper st., Camden
Cooper, Robert A., Army
Coxson, Harold P., Army
Crane, Reynold M., 125 W. Browning rd.,C'l'gsw'd
Crist. Walter A., Navy
Cunningham, Joel B., Army
David. Leopold S., Army
Davis, Albert B., 511 Cooper st., Camden
Decker, Henry B., 527 Penn st., Camden
Deibert, Irvin E., 538 Cooper st., Camden
Deibert, Kirk R., Army
Del Duca, Vincent P., Army
Dempsey, J. Harvey, Army

Denbo, Elic A., Army
Di Iclsi, Anthony J., Army
Donges, Clarence B., 442 Chambers av., Camden
Driscoll, Charles D., Army
Drossner, Jacob L., Army
Ebner, Paul G., Army
Ellis, Alexander, 513 Broadway, Camden
Ewing, Leslie H., 10 Broad st., Berlin
Eynon, Harold K., Army
Eynon, James R., Army
Farrell, Edgar A. H., Army
Fessman, John W., Army
Filkins, Cedric E., 418 Whitehorse Pike, Audubon
Fisher, Stella C., 4401 Westfield av., Camden
Fridrich, Harry E., Army
Friedenberg, Sidney, Army
Gamon, Robert S., 514 Cooper st., Camden
Garrison, George H. H., Army
Geissler, Elmer E., 327 Monmouth st., Gloucester
German, George B., Army
Gilbert, Philip D., Army
Girardo, Anthony J., Army
Glover, Lawrence L., 53 Kings Hy. W., Haddonf'd
Goldman, Samuel, 7th & State sts., Camden
Goldstein, Hyman I., 1425 Broadway, Camden
Gordon, Milton H., 12 N. 27th st., Camden
Gosper, Ralph W., 5719W'stf'd av.,Penns'kenTw'p.
Grenhart, George W., Navy
Griffey, William C., Army
Griscom, Lee E., 604 Broadway, Camden
Hadley, C. Frazer, 210 W. Maple av., Merchantv'le
Hadley, C. Frazer, Jr., 21 Haddon av., Westmont
Haines, Mabel C. S., 600 White HorsePk.,Audubon
Hallinger, Earl S., 517 Cooper st., Camden
Hanson, Alfred S., 539 Monmouth st., Gloucester
Haury, Victor G., 206 Cedarcroft av., Audubon
Hays, Roy G., 567 Haddon av., Collingswood
Hemphill, Everett H., Army
Hessert, Edmund C., 417 Cooper st., Camden
Hofer, William R., 125 Main st., Williamstown
Hollinshed, Beulah S., 600 Benson st., Camden
Horner-Rodger, Clara L., 937 Cooper st., Camden
Howard, J. Edgar, 67 Kings H'way, W., Had'nf'd
Hughes, Frederic J., Jr., 429 Cooper st., Camden
Hughes, Thomas E., 223 Cooper st., Camden
Hummel, Ernest G., 414 Cooper st., Camden
Hummel, Merwin L., Navy
Husted, Gerald W., Army
Ironside, Paul A., 144 North dr., Haddonfield
Jack, H. Wesley, 538 Cooper st., Camden
Jackson, Chas. H., 1250 Park Blvd., Camden
Johnson, Herbert F., Navy
Jones, John C., 805 Princeton av., Camden
Judson, G. Vernon, Jr., Army
Kain, Thomas M., 403 Cooper st., Camden
Kaufman, Edgar W., 2225 River av., Camden
Kerdasha, Richard F., 538 Cooper st., Camden
Keyser, David, Army
Kimler, Wm. D., 614 Collings av., W. Collingsw'd
Kinney, Albert G., 917 Haddon av., Collingswood
Klarich, Philip, 702 Broadway, Camden
Kline, Cram R., 514 Cooper st., Camden
Kutner, Charles, Army
Larossa, Ernest A., 561 Benson st., Camden
Lee, Benjamin F., Navy
Lee, Thomas B., 622 Cooper st., Camden
Lewis, Thomas K., 719 Cooper st., Camden
Locke, Henrik W., N.Y. ShipbuildingCorp.,Camd'n
Lovett, Joseph C., Municipal Hospital, Camden
MacAlpine, Kenneth B.,500 ChewsLdg.rd.,H'd'nf'd
Magee, Edward S., Navy
Magee, Russell S., 201 White Horse Pike,Audubon
Mahaffey, J. Lynn, 406 Warwick rd., Haddonfield
Maldeis, Albertos M. K., 117 N. 6th st., Camden
Marcarian, Henry G., 917 Cooper st., Camden
Martin, William, 300 Westmont av., Haddonfield
McCarthy, Arthur M., 2772 Federal st., Camden
McConaghy, Thomas P., 10th & Cooper sts.,C'md'n
McDermott, Vincent T., Army
McGlade, Thomas H., Army
Mecray, Paul M., 405 Cooper st., Camden
Mecray, Paul, Jr., Army
Meyer, George P., 410 Haddon av., Camden
Murray, Edwin N., Army
Murray, Robt. A., 105 Crestmont ter., Collingsw'd
Ondovchak, M. Frederic, KingsH'way,Mt.Ephraim
Ornaf, I. Edward, Army
Osborn, Edward G., Army
Pike, Charles E., 4 E. Haddon av., Oaklyn
Pinsky, Harry A., Army
Platt, Edward V., Army
Pratt, Arthur G., 516 Cooper st., Camden
Price, Henry S., Jr., Army
Principato, Roberto, 402 Walnut st., Camden
Rapp, Robert F., 932 Haddon av., Collingswood
Read, Wm. T., Jr., Cooper Hospital, Camden
Rhone, David S., 1202 Haddon av., Camden
Richardson, Emma M., 581 Stevens st., Camden
Riegert, Louis C., Army
Ristine, Edwin R., Army
Roberts, Joseph E., Jr., 403 Cooper st., Camden
Rosner, Edwin, Army
Rudolph, John P., Army
Russell, Karl S., Army
Ruttenberg, Max, 303 Cooper st., Camden
Samter, Max, Army
Saunders, Orris W., 1700 Broadway, Camden
Schall, Reuben E., 7th & Elm sts., Camden
Scheffler, Wilhelm A. H., 511 Cooper st., Camden
Schellenger, Edward A. Y., Army
Schrack, Helen F., 216 N. Fifth st., Camden
Schwartz, Henry C., Army
Seiberling, Jos. D., 225 Redman av., Haddonfield
Seto, Stanford P. T., Army
Shaen, Edward, Army
Shafer, Albert H., Army
Shafer, F. William, 634 Penn st., Camden
Sharp, Reuben L., Navy
Shaw, Ernest B., 811 Collings av.,W.Collingswood
Sheaffer, Clinton P., 241 Kings H'way,E.,Had'nf'd
Shemeley, Wm. G., Jr., 7 Haddon av., Camden
Sherk, A. Lincoln, 2647 Westfield av., Camden
Shipman, James S., 514 Cooper st., Camden
Shope, Edward P., 807 W. Jersey Tr.Bldg.,Camd'n
Shull, Elliott C., 517 Cooper st., Camden
Sieber, Isaac G., 204 Merchant st., Audubon
Smith, Bertram H., Army
Smith, James D., 701 N. 6th st., Camden
Smith, Wilbur A., Army
Snagg, William T., Navy
Snape, William J., 24 1st av., Runnemede
Sochacki, Alexander, 1478 Mt.Ephraim av.,C'md'n
Stein, Joseph M., Army
Stephenson, Daniel H., Army
Stetser, Leland M., Army
Stone, Frank P., Laurel rd., Laurel Springs
Sufrin, Emanuel, Army
Summerill, Garnett, 330 Cooper st., Camden
Swiecicki, Martin E., Army
Tatem, Henry R., Jr., Army
Thompson, P. H., 4612 W'stf'd av.,PennsaukenTp.
Traganza, Robert W., Army
Warwick, Ralph A., Army
Watkins, George R., La Pierre rd., Magnolia
Waugh, Bascom S., Army
Weimann, Max L., 803 Station av., Haddon Hgts.
West, David H., Navy
West, Gordon F., 527 Penn st., Camden
Whalen, Edward C., 942 Cooper st., Camden
Wheatland, Marcus F., Jr.,727 Walnut st.,Camden

Wiant, Herman E., 120 Windsor av., Haddonfield
Wiggins, Ulysses S., 1025 S. 4th st., Camden
Williams, Wm. C., Black Horse Pk., Haddon Hts.
Wilson, Lester R., Army
Winter, Carl M., 1518 Collings rd., Camden
Wright, Ralph S., 428 Richey av., W. Collingsw'd
Wroblewski, Benj. M., 1166 Thurman st., Camden

Number of Active Members and basis of representation, 199.

HONORARY MEMBERS

Clement, Lavinia, Haddonfield
Day, Grafton E., Collingswood
Eaton, Arthur T., Haddon Heights
Lyon, Leslie C., Magnolia
Marcy, John W., Merchantville
Osmun, Milton M., Audubon
Pratt, William H., Camden
Van Sciver, John E. L., Haddonfield

TRANSFERS

Clarke, R. Manning, from California
Seiberling, Joseph D., from Pennsylvania

CAPE MAY COUNTY (5)

Society organized December 18, 1883. Eight regular meetings each year. Meets on second Tuesday, October to May inclusive. Semi-annual meeting in October. Annual Meeting in May.

ACTIVE MEMBERS

Bernheisel, Louis E., Army
Brooks, George M., Cape May Court House
Cameron, C. Paul, Army
Cohen, Maurice B., Pine & Pacific avs., Wildwood
Cooper, Jules, Washington st., Woodbine
Corson, Allen, 824 Wesley av., Ocean City
Crowe, Aldrich C., 735 Atlantic av., Ocean City
Cryder, Millard C., Army
Dandois, George F., 220 E. Wildwood av., Wildw'd
Darby, C. Eugene, 620 Atlantic av., Ocean City
Haines, F. B. Lane, 503 Ninth st., Ocean City
Haines, Willits P., 503 Ninth st., Ocean City
Hornstine, Harry H., 4004 Pacific av., Wildwood
Hughes, Frank R., 29 Ocean st., Cape May
Hughes, Samuel B., Army
Mace, Margaret, 2410 Atlantic av., N. Wildwood
Monasson-Friedland, Ida, 200 N. East av., Vinel'd
Moon, Alexander C., 126 Decatur st., Cape May
Pettit, Herschel, 807 Wesley av., Ocean City
Robbins, Warren D., Army
Smith, Marcia V., 821 Wesley av., Ocean City
Steel, Wm. A., 3300 N. Broad st., Philadelphia, Pa.
Stuart, Alexander A. S., 4614 Landis av.,SeaIsleC'y
Townsend, John B., 824 Wesley av., Ocean City
Way, Clarence W., Army
Whiticar, John H., Box 235, Ocean City

Number of Active Members and basis of representation, 26.

HONORARY MEMBERS

Diverty, Henry B., Woodbury
Quigley, Frederic J., Union City
Way, Julius, Cape May Court House

TRANSFER

Friedland, Arnold J., to Cumberland County

CUMBERLAND COUNTY (6)

Society organized June 16, 1816. Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April. Special scientific meetings are held in the evening in November, January, March and May.

ACTIVE MEMBERS

Aitken, Frank J., Army
Bacon, Mary, 278 E. Commerce st., Bridgeton
Baker, Hugh W., 8th & Elmer sts., Vineland
Bauman, Kenneth R., 213 N. 3rd av., Millville
Bellak, Ellis R., Leesburg
Berkowitz, Benjamin, 188 E. Commerce st.,Bridgeton
Bostwick, Delazon S., Cumberland Hotel, Bridgeton
Branin, Howard S., 200 W. Main st., Millville
Butcher, Charles, Heislerville
Cornwell, Alfred, 265 N. Laurel st., Bridgeton
Corson, Kenneth E., Army
Cunningham, Chas., Jr., Army
Davies, George A., 53 Front st., Elmer
Day, Samuel T., Main st., Port Norris
DeSantis, Orazio J., Army
Friedland, Arnold J., 200 N. East av., Vineland
Fromkin, Charles, 20 Bank st., Bridgeton
Garrison, W. Sherman, Main st., Cedarville
Gray, Charles M., 6th & Grape sts., Vineland
Greene, Edwin C., Army
Gricco, Anthony L., 830 Elmer st., Vineland
Guzy, Morton, 86 W. Commerce st., Bridgeton
Henry, Norman, 739 Wood st., Vineland
Kauffmann, Louis J., 228 N. 2nd st., Millville

Knowles, James S., Army
Kratka, William H., Army
Kump, Albert B., 31 W. Commerce st., Bridgeton
Lihn, Barney, Army
Loder, Horace B., Army
Loper, John C., 129 Atlantic av., Bridgeton
Lore, Harry E., Main st., Cedarville
Lyon, Earl C., 194 E. Commerce st., Bridgeton
Magolda, Anthony F. ,Army
Marchione, Nicholas E., 109 S. 7th st., Vineland
Mayhew, Charles H., 329 Pine st., Millville
Mezzetti, Alfred F., 220 S. 6th st., Vineland
Miller, H. Garrett, 203 E. Main st., Millville
Myatt, Leslie E., 98 N. Pearl st., Bridgeton
Neal, Charles B., Pine & 3rd sts., Millville
Pino, Anthony, Army
Ramsey, F. Muriel, 310 E. Pine st., Millville
Reeves, J. Franklin, 55 East av., Bridgeton
Rosen, Sol, Army
Rosenthal, Bernice D., Army
Schwartz, Leon J., Army
Scott, Leonard G., 496 E. Commerce st.,Bridgeton
Sewall, Millard F., 195 E. Commerce st., Bridgeton
Sharp, Charles E., Main st., Port Norris
Sheppard, Alfred G., 309 Broad st., Elmer
Sheppard, Frank R., 131 N. 3rd st., Millville
Sheppard, Muse A., 102 Main st., Elmer
Sheppard, Thomas S., 21 E. Vine st., Millville
Shirlock, Margaret E., Army
Siegel, Sidney L., 227 N. 2nd st., Millville
Thalheimer, Edward J., 7th & Plum sts., Vineland
Thomas, George N., 712 Wood st., Vineland
Walker, Ada H., 635 Landis av., Vineland
Walker, H. Burton, 635 Landis av., Vineland
Ware, Carl N., Bridgeton rd., Shiloh
Whaland, Berta, 117 Atlantic st., Bridgeton
Wilson, Charles W., 636 Wood st., Vineland
Wilson, Herbert H., 24 Bank st., Bridgeton
Winslow, John H., 27 S. Valley av., Vineland
Woodruff, Dare, 630 Landis av., Vineland

Number of Active Members and basis of representation, 64.

HONORARY MEMBERS

Elmer, Matthew K., Bridgeton
Simkins, Raymond, Bridgeton
Wainwright, Frederick P., Bridgeton
Weithaase, Helen E., Vineland

TRANSFER

Friedland, Arnold, from Cape May County

ESSEX COUNTY (7)

Society organized June 4, 1816. Meets second Thursday of each month, Octber to May, inclusive. Annual Meeting is second Thursday in May.

ACTIVE MEMBERS

Abel, Arthur R., Orange Memorial Hosp., Orange
Abrams, Abram B., 299 Clinton av., Newark
Adelman, Benjamin B., Navy
Adelman, Nathan, Army
Agnew, Hobart M., 17 Plymouth st., Montclair
Albano, Edwin H., Army
Albano, Frank J., Army
Albano, Joseph, 535 North 7th st., Newark
Alcamo, John H., 215 Littleton av., Newark
Alexander, Walter G., 48 Webster pl., Orange
Alford, Ralph I., Army
Allan, James S., 144 Harrison st., East Orange
Allen, Chester B., Jr., Navy
Alling, Frederic A., 15 Washington st., Newark
Altman, Charles D., 301 Highland av., Newark
Ambrose, Anthony, 31 Lincoln Park, Newark
Anderson, Robert C., Army
Anderson, William A., Navy
Angelillo, Marc C., 169 Bloomfield av., Newark
Antonius, Nicholas A., 27 W. Market st., Newark
Antopol, William A., Army
Anuario, Charles B., 365 S. Center st., Orange
Applebaum, Irving L., Army
Areson, Wm. H., 153 Bellevue av., Upper Montcl'r
Arons, Harry, Army
Ash, Samuel, 866 So. 13th st., Newark
Asher, Maurice, 186 Clinton av., Newark
Aszody, Paul, 340 Waverly av., Newark
Bachmann, Wm., 87 Hillcrest ter., East Orange
Bacote, Ernest F., 78 Barclay st., Newark
Baime, Jules E., Army
Baiocchi, Pascal J., Army
Baird, Thompson M., 939 Bay av., Point Pleasant
Baker, Maclyn F., 987 Sanford av., Irvington
Baldwin, Samuel H., 626 Clinton av., Newark
Balsamo, Joseph J., Army
Balson, Zachary D. B., Army
Barbella, Joseph D., Navy
Barkhorn, Charles W., Army
Barkhorn, Henry C., 45 Johnson av., Newark
Barnard, Frank G., Army
Barrett, John E., 220 Woodside av., Newark
Barrett, Joseph F., Army
Bass, Rose D., 54 Lyons av., Newark
Baum, Felix, 10 Elm court, South Orange
Baum, Samuel, 10 Osborne ter., Newark
Bauman, Everett O., Army
Bauman, Rush C., 92 High st., Nutley
Becker, Frederick W., 14 Clinton pl., Newark
Becker, Martin, Army
Beling, C. Abbott, 111 Clinton av., Newark
Beling, Christopher C., 111 Clinton av., Newark
Bell, Horace O., Essex Co.IsolationHosp.,Belleville
Bell, Thomas, 340 Belmont av., Newark
Bender, Louis, Army
Bengelsdorf, Aron, 29 Clinton pl., Newark
Bennett, Wm. F., Essex Mt. Sanatorium, Verona
Berardinelli, Carmine G., 92 8th av., Newark
Berg, Samuel, Army
Berger, Wm. A., 346 Roseville av., Newark
Bergman, Meyer W., 31 Lincoln Park, Newark
Berlin, Morris R., Army
Berman, H. Robert, 299 Clinton av., Newark
Bernhard, Wm. G., Army

Bernstein, Arthur, 668 Clinton av., Newark
Bernstein, Julius, 584 S. 10th st., Newark
Besson, Franklin J., 999 Clinton av., Irvington
Beyer, Othmar J., 42 Laurel av., Irvington
Bianchi, Angelo R., 184 Hunterdon st., Newark
Bien, Frank A., 999 Clinton av., Irvington
Bigelow, Elizabeth F., 120 Prospect st., So. Orange
Bigelow, Nelson S., Navy
Binder, Charles I., Army
Birdsall, Clarence A., 9 Smull av., Caldwell
Bissett, John V., 29 Hawthorne av., East Orange
Biunno, Anthony J., Army
Blackburne, George, 490 Central av., Newark
Blanchard, Kenneth, 144 Harrison st., E. Orange
Blaustein, Maurice L., 37 Hillside av., Newark
Bleiberg, Jacob, Army
Bleick, Theodore E., 61 Van Ness pl., Newark
Block, Marcus T., 177 Bloomfield av., Newark
Block, Max, 48 N. Fullerton av., Montclair
Block, Milton, Army
Bocchini, Joseph A., Army
Bokor, Emery, 819 S. 12th st., Newark
Bolten, Bernard, 291 Osborne ter., Newark
Bonomo, Michael J., 587 S. 10th st., Newark
Borsher, Irving P., Army
Bove, Joseph, 306 Lincoln av., Orange
Brackett, Elizabeth R., 371 Franklin av., Nutley
Bradford, Stella S., 26 N. Mountain av., Montclair
Brady, Raymond J., Army
Brakeley, Elizabeth, 71 Myrtle av., Montclair
Brams, William M., 7 Madison av., Newark
Brandman, Otto, Army
Braun, Gustav A., 24 Centre st., South Orange
Breitstadt, Charles A., 157 Elwood av., Newark
Bremer, Kenneth M., Army
Brien, William M., 449 Main st., Orange
Briggs, Henry, 144 Harrison st., East Orange
Brim, Anne S., Edgemere Hotel, East Orange
Broadnax, Mary E., 140 Roseville av., Newark
Brodkin, Eva T., 365 Osborne ter., Newark
Brodkin, Henry A., Army
Brotman, Harry, Army
Brotman, Morton M., 90 Avon av., Newark
Brown, Chester R., 22 Midland av., Arlington
Brown, Chester T., Prudential Ins. Co., Newark
Brown, Edward V., 9 Park av., Caldwell
Brown, Harold W., 27 S. Fullerton av., Montclair
Brown, Lewis W., Navy
Bruning, Richard H., Army
Brunkow, Charles D., 31 Lincoln Park, Newark
Bull, Louis M., 92 Heller Parkway, Newark
Bull, William J., 98 Park st., Montclair
Burke, Stephen E., 212 First av., Newark
Burne, John J., 17 Gould av., Newark
Burpeau, Wm. P., Army
Burrill, Benjamin B., Jr., Navy
Burstein, Frank, Army
Burstein, Leo Q., 702 S. 15th st., Newark
Burstein, Rachel, 31 Lincoln Park, Newark
Busch, Herman, 38 Johnson av., Newark
Bush, Archer C., 40 Union st., Montclair
Butan, Louis, Army
Buvinger, Chas. W., 50 Washington st., E. Orange
Byck, Louis, Army
Byrnes, Elizabeth W., 38 Melrose av., EastOrange
Bythewood, Alton E., Jr., 145 W. Market st.,New'k
Cacciarelli, Robert A., 517 Roseville av., Newark
Caggiano, Anthony P., Navy
Cahill, Laurence A., 361 Lafayette st., Newark
Calasibetta, Charles J., Army
Caldwell, Donald M., Army
Caldwell, Julius A., 45 S. Mountain av., Montclair
Calvert, William C., Army
Camche, Leo J., 250 Renner av., Newark
Cameron, Arthur E., 59 Somerset st., Newark
Cameron, Edwin A., 186 S. Burnett st., E. Orange
Campbell, Everette L., 144 Harrison st., E.Orange
Campbell, Wm., 144 Harrison st., East Orange
Cantelmo, Alphonse L., 144 Harrison st., E.Orange
Caprio, Orlando G., Army
Caputo, Anthony R., 301 Wash'gton av.,Belleville
Carbone, Francesco N., 440 Central av., Orange
Cardwell, Edgar P., Army
Carlisle, Paul E., 763 Broad st., Newark
Carman, Fletcher F., 21 Parkway, Montclair
Carpenter, Charles A., 30 Francis pl., Caldwell
Carr, Josephus C., 75 13th av., Newark
Carrigan, Francis P., Army
Carrol, Wilfred, 51 Ingraham pl., Newark
Casale, John B., 359 Bloomfield av., Newark
Cassini, Henry C., 27 Tremont av., E. Orange
Castellano, Martin G., 168 Roseville av., Newark
Cerone, Daniel M., Army
Cestone, Canio, 521 Pompton av., Cedar Grove
Cetrulo, Gerald I., Army
Chamberlain, Aims R., 30 Lenox pl., Maplewood
Chamberlain, Richard R., 30 Lenox pl., Maplew'd
Champlin, Paul M., 43 S. Arlington av., E. Orange
Chapman, Robert W., 195 Boyden av., Maplew'd
Chattin, J. Franklin, 195 Boyden av., Maplewood
Chernus, Jack, Army
Cheskin, Louis J., Army
Chiger, Alexander S., 621 High st., Newark
Chimacoff, Hyman, Army
Chmelnik, Abraham G., Navy
Christoph, Francis T., Army
Ciccone, Edwin L., Navy
Clark, J. Henry, 108 Orange rd., Montclair
Clarken, Joseph A., 27 Ingraham pl., Newark
Claus, C. Hermann, 776 S. 19th st., Newark
Clement, Baxter L., Army
Clinton, Joseph A., Navy
Coburn, J. Wesley, Army
Coe, Richard, 71 Lincoln Park, Newark
Coffin, Henry F., Army
Coghlan, Jasper, 540 Parker st., Newark
Cohen, I. Elvin, 561 Elizabeth av., Newark
Cohen, Maurice, 106 Valley rd., Montclair
Cohen, Max, 60 Ridge rd., North Arlington
Cohen, Meyer J., 118 Johnson av., Newark
Cohen, Sidney A., Army
Cohen, Sidney L., 29 Girard pl., Newark
Cohen, Sidney P., Army
Cohn, George M., Army
Cohn, Hermann, 393 Clinton av., Newark
Cohn, Royal M., 740 Clinton av., Newark
Coleman, Russell M., Army
Colmer, M. Jonas, Army
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood
Colton, Ethan T., Jr., Army
Comando, Harry N., 690 Clinton av., Newark
Conlon, Philip J., 25 James st., Newark
Connamacher, Harold S., 671 Springf'd av.,New'k
Connolly, John J., 180 Ballantine Pkwy., Newark
Connolly, Richard N., 117 Fifth st., Newark
Cook, Hugh F., 21 Roseville av., Newark
Cooke, William H., 303 Main st., East Orange
Cooperman, Wm., 647 Market st., Newark
Cornish, Charles H., Army
Coughlan, Ella A., 10 Oakwood av., Orange
Coughlin, Frank J., 100 Magnolia av., Arlington
Covino, Louis L., Army
Cox, John C., 55 Woodland rd., Maplewood
Cox, Wm. W., 79 S. Fullerton av., Montclair
Crane, Charles G., 78 Farley av., Newark
Crapanzano, Domenico, Essex Co. Hosp., CedarGr.
Craster, Charles V., Plane & William sts., Newark
Crawford, Georgina U., 28 Carnegie av., E. Orange
Crecca, Anthony D., 376 Roseville av., Newark
Crecca, William D., 111 Park av., Newark

Cregar, John S., 150 Harrison st., East Orange
Crossfield, Henry C., 144 Harrison st., E. Orange
Crystell, Edward H., 4 Hawthorne av., Nutley
Curtis, Elbert A., 65 Central av., Newark
D'Addario, Anthony R., Army
D'Agostini, Alfred J., Army
D'Agostini, Robert J., Army
D'Alessandro, Arthur J., 15 Salem st., Newark
D'Ambola, Philip R., 21 S. Sixth st., Harrison
D'Amico, Thomas V., 16 Grove av., Verona
Dane, Charles, 61 Scotland rd., South Orange
Dane, John, 61 Scotland rd., South Orange
D'Angelo, Jos. C., 330 Washington av., Belleville
Dann, Frederick J., Army
Dante, Pasquale, Army
Danzis, Louis, Army
Danzis, Maximillian, 31 Lincoln Park, Newark
Darby, I. Kermit, Army
Darden, Walter T., 149 W. Kinney st., Newark
Daron, Simeon, 31 Lincoln Park, Newark
Davidson, Henry A., Army
Davies, George W., 35 Fairview av., Verona
Davis, Louis, 825 S. 10th st., Newark
Davis, Thomas C., Navy
Dear, Abraham L., 69 Hansbury av., Newark
DeFronzo, Morando, 180 Fairmount av., Newark
DeGerome, James H., U. S. P. H. S.
DeHart, George K., 132 Sunset av., Verona
Delaney, Oscar M., 59 Seely av., Arlington
Del Deo, Nicholas V., 49 State st., Newark
DeLeonardis, James V., 94 Jefferson st., Newark
Del Guercio, Olindo, 342 Clifton av., Newark
DeLia, Emilio, Army
Del Negro, Albert E., Army
DeMichele, Roland V., Army
Denes, Oscar, 402 Centre st., Nutley
DePalma, Anthony F., Navy
DePhillips, Benedict R., 228 Clifton av., Newark
Dessauer, Joseph, 105 Shanley av., Newark
DeTroia, Frederick C., Army
Deutel, Oscar R., Army
DeVincentis, Henry, 285 Henry st., Orange
Devlin, Arthur D., Army
Devlin, Hugh J., 72 Thomas st., Newark
Dias, Joseph L., 17 Lombardy st., Newark
Dieffenbach, Richard H., 570 Mt. Pr'sp't av.,New'k
Diener, Samuel, Army
DiFino, Felix J., Army
DiGiacomo, Harry E., 195 Hunterdon st., Newark
DiGiacomo, Wm. H., 223 Fairmount av., Newark
Dinge, Ferdinand C., 67 S. Munn av., East Orange
DiNorcia, Joseph, Army
Dodd, Edward L., 157 Forest st., Belleville
Donahue, William J., 71 S. Ninth st., Newark
Donchi, Sol M., 9 Madison av., Newark
Donnelly, John H., Army
Dowds, Samuel C., 218 Walnut st., Montclair
Dragonetti, Elvige N., 177 Clifton av., Newark
Dranow, Paul, 233 Franklin av., Nutley
Drapkin, Berta, 31 Lincoln Park, Newark
Dreskin, Jacob L., 172 Lyons av., Newark
Drewniany, Bernardine, 516 Park pl., Lyndhurst
DuBois, Morris G., 769 High st., Newark
Duffy, Edward P., Jr., 330 Wash'gton av.,Bellev'le
Dulany, Theodore L., 170 W. Market st., Newark
Dulin, Everett V., 144 Harrison st., East Orange
Dunn, Theodore B., Army
Durchlag, E. Nelson, 12 Myrtle av., Irvington
Dwork, Harold K., 55 Chancellor av., Newark
Eagleton, Wells P., 15 Lombardy st., Newark
Echikson, Joseph I., 31 Lincoln Park, Newark
Edelen, James J., 280 S. Clinton st., East Orange
Ehrlich, Edward, 838 So. 13th st., Newark
Ehrlich, William E., 31 Lincoln Park, Newark
Eichler, Bernard B., 221 Midland av., Montclair
Eigen, Louis A., Army
Ein, William B., 31 Lincoln Park, Newark
Einhorn, Samuel E., Army
Eisenberg, David S., 31 Lincoln Park, Newark
Ellis, Arthur J., 282 Broad st., Newark
Emerson, Linn, 303 Park av., Orange
Emmer, S. Wolfe, 31 Lincoln Park, Newark
Englander, Charles, 41 Hillside av., Newark
English, John T., 110 Yale av., Irvington
Epler, Don A., 45 Hillside av., Newark
Epstein, Harry B., 31 Lincoln Park, Newark
Epstein, William M., Army
Erdman, George L., Army
Erler, Eugene W., 360 Irving av., South Orange
Erler, Robert E., Army
Ervin, Millard B., 36 Canterbury lane, Westfield
Etheridge, Charles H., Army
Evans, Chas. H., 144 Harrison st., East Orange
Evans, David P., Navy
Ewing, Harvey M., 31 Trinity pl., Montclair
Fader, Ferdinand, Army
Fager, Rudolph O., Army
Failing, Brayton E., 31 Lincoln Park, Newark
Fanburg, Sol J., 31 Lincoln Park, Newark
Farkas, Morris, 163 High st., West Orange
Farr, Irving L., 214 Walnut st., Montclair
Fasano, Giovanni, 194 S. 7th st., Newark
Faughnan, Rose C., 97 High st., Passaic
Fein, Bernard, 585 Elizabeth av., Newark
Feinsod, Samuel N., 1305 Clinton av., Irvington
Feldman, Frank H., 115 Lyons av., Newark
Fendrick, Edward, 17 Watson av., East Orange
Fenichel, Benjamin, Army
Ferguson, Wm. E., New'k City Conv. Home, S. Or.
Fern, Samuel S., 122 Elizabeth av., Newark
Feuer, Joseph A., 653 Elm st., Arlington
Filippone, Ames L., 171 Clifton av., Newark
Fine, M. James, 65 Girard pl., Newark
Fink, A. Elston, 489 High st., Newark
Fink, Irving E., 129 Lyons av., Newark
Finkel, Joshua, 368 Clinton av., Newark
Finkelstein, Abe S., Army
Finkler, Rita S., 35 Leslie st., Newark
Finnerty, Urban R., Navy
Fischbein, Martin M., Army
Fischer, Edward J., 29 Ashwood ter., West Orange
Fischer, David D., Army
Fischman, Harold H., 326 Avon av., Newark
Fitzpatrick, Edw. F., 546 W. Market st., Newark
Flanagan, John J., Army
Flax, Charles H., 71 Baldwin av., Newark
Flax, Ira I., Army
Fleischmann, Viola G., 341 16th av., Irvington
Fleming, Joseph A., 247 Claremont av., Montclair
Floody, Robert J., 293 Chestnut st., Nutley
Flower, Morrie A., 39 Lincoln Park, Newark
Foley, James J., Army
Ford, Theodore R., 144 Harrison st., East Orange
Forsyth, Kenneth C., 8 Ziegler Tract, CarneysP't
Fort, J. Irving, 306 Roseville av., Newark
Forte, Daniel L., Army
Forte, Frank S., 318 Roseville av., Newark
Fortunato, Samuel J., Army
Fost, William H., 107 Franklin st., Belleville
Foster, Herbert W., 2 Erwin Park, Montclair
Fowler, Royale H., 744 Broad st., Newark
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Francy, Donald G., Army
Franklin, Frank A., Army
Fratantuno, Michael J., Army
Freeman, George C., Army
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Friedman, Harry, Navy

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Galioto, Frank M., Army
Gamba, Joseph, Army
Ganley, Arthur J., 390 Park av., East Orange
Ganot, Frank I., 392 Ridge st., Newark
Gardam, Joseph W., 16 Longfellow av., Newark
Gardner, Kenneth E., 45 Fremont st., Bloomfield
Gauch, William, 177 Ellwood av., Newark
Gaylor, Earl L., Jr., 144 Harrison st., E. Orange
Geannette, Ernest D., 14 Harrison av., Montclair
Gehl, Sidney H., 65 Wolcott ter., Newark
Gelb, Jerome, Army
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Gencher, Benjamin, 30 Smull av., Caldwell
Gennell, Ernest, 298 Parker st., Newark
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Gerhardt, Paul E., 718 S. 17th st., Newark
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Giardina, Vincent J., Army
Gibbins, A. Leslie, Army
Giffoniello, Arthur A., 334 Roseville av., Newark
Gifford, William R., 247 Park av., East Orange
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Goeller, Jacob D., Army
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Goldberg, Samuel A., 169 Gregory av., W. Orange
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Goldman, Jerome, Navy
Goldman, Lester M., 53 Leslie st., Newark
Goldmann, Joseph, 103 N. Walnut st., E. Orange
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Goldstein, Samuel M., 40 Johnson av., Newark
Goldstein, Wm. H., 632 Belgrove dr., Arlington
Goodfellow, Gordon P., Army
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Gorten, Manfred L., 669 Elizabeth av., Newark
Grant, William F., Navy
Grasso, Anthony P., Army
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Greenberg, Jacob L., 189 16th av., Newark
Greenberg, Samuel, 46 Johnson av., Newark
Greenfield, Bernard H., 691 Clinton av., Newark
Greenfield, Herbert, 218 Renner av., Newark
Greenfield, Leonard S., 691 Clinton av., Newark
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Larkey, Irving G., Army
Lawless, Edward T., Army
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Lyon, Archibald, Army
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MacArt, James H., Navy
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Maisel, Irving, Army
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Marra, Rocco S., 221 Park av., Orange
Martin, Wm. P., 25 Holland rd., South Orange
Martland, Harrison S., Newark City Hosp., New'k
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Massengill, Fulton, 216 Glenwood rd., Elizabeth
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Matheke, Otto G., 328 Sussex av., Newark
Mathcke, Otto G., Jr., Army
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Matthews, Clifford B., Army
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May, Ernst A., 157 Harrison st., East Orange
McAveney, Thos. F. G., 32 S. Munn av., E.Orange
McAveney, Wm. J., 32 S. Munn av., East Orange
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McCroskery, Jas. H., 396 N. Arl'gt'n av., E.Orange
McGuire, John J., Army
McKeown, George H. C., Essex Mt. Sana., Verona
McKim, William F., 317 Roseville av., Newark
McLellan, Geo. A., 19 Hawthorne av., EastOrange
McNeely, Julia A., 117 Washington st., E.Orange
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Medd, John C., 25 Curtis pl., Maplewood
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Merselis, John G., 110 Irvington av., So. Orange
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Mick, Edwin C., 46 S. Burnett st., East Orange
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Miller, Lucille F., 31 Webster pl., Orange
Miller, Nathan, Army
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Miller, Theodore R., Army
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Minier, Carl L., 153 Mt. Pleasant av., W. Orange
Miningham, Wm. D., 18 Hedden ter., Newark
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Mitchell, Walter L., Jr., 160 Roseville av., Newark
Modeski, Chester J., 296 Roseville av., Newark
Moeckel, Clarence W., 63 S. Fullerton av.,Montcl'r
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Moore, Dean C., Navy
Moore, James A., Army
Moore, John P., 16 Richmond st., Newark
Moress, Edward J., Army
Moretti, John J., Navy
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Morrison, Caldwell, 379 7th av., Newark
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Mullin, Raymond J., 76 Shanley av., Newark
Murphy, Thomas W., Jr., Navy
Murray, Harrold A., 624 Mt. Prospect av., Newark
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Nadel, Charles I., Army
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Rich, Harry H., 29 Broad st., Newark
Rich, Wallace E., Army
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Schiller, Nicholas, 54 Girard pl., Newark
Schmukler, Jacob, Army
Schneider, Chas. A., 694 Clinton av., Newark
Schneider, Louis, 874 S. 13th st., Newark
Schneider, Richard C., Army
Schoenau, Carl W., 1 Park pl., Bloomfield
Schotland, Clement E., 31 Lincoln Park, Newark
Schramm, Joseph A., 572 High st., Newark
Schreck, Harry, 192 Roseville av., Newark
Schulsinger, Samuel, 80 Clinton av., Newark
Schulte, Herbert A., 701 Clinton av., Newark
Schults, Anna R., 25 Abington av., Newark
Schurman, Francis H. C., 35 Smull av., Caldwell
Schwartz, Harold, Navy
Schwartz, Mortimer L., Army
Schwartz, Ralph A., Army
Scott, Norman M., 31 Clinton st., Newark
Scott, R. Hunter, 205 Roseville av., Newark
Scranton, Chas. W., 59 Washington st., E. Orange
Seidler, Victor B., 16 Plymouth st., Montclair
Seidman, Edwin A., 580 High st., Newark
Seidman, Joshua I., Army
Seifert, Edwin A., 415 Ridgewood av., Glen Ridge
Sellitto, Anthony M., 115 Connett pl., S. Orange
Selvaggi, Carlo, 82 Congress st., Newark
Sena, Marie A., 549 S. Orange av., Newark
Seward, Wm. H., Orange Memorial Hosp., Orange

Shack, David N., 712 Clinton av., Newark
Shack, Maxwell H., Army
Shaner, Ralph D., 94 Hillside av., Nutley
Shannon, Jas. B., 66 S. Fullerton av., Montclair
Shannon, Lardner M., 66 S. Fullerton av., Montc'r
Shapiro, Louis, 146 Broad st., Newark
Shapiro, Ralph N., Navy
Shapiro, Samuel A., Army
Shaul, Frederick G., 10 Washington st., Bloomfield
Shaul, John F., Navy
Shaw, John J., 511 Prospect st., Maplewood
Shaw, Ned, 514 Cooper st., Camden
Shechner, Isadore, Army
Sheehan, Daniel C., Army
Sherman, A. Russell, 671 Broad st., Newark
Sherman, Arthur E., Army
Sherman, Elbert S., 671 Broad st., Newark
Shill, Benjamin, Army
Shlionsky, Herman, Army
Shor, David M., Army
Shreehan, Hubert F., Navy
Shulman, Murray W., Navy
Siegel, Jack G., Army
Siegel, Jacob W., 96 S. 10th st., Newark
Silbermann, Maximilian, 82 Lyons av., Newark
Silberner, Herbert B., Army
Silver, Harry B., Army
Silverman, S. Andrew, Army
Silverstein, Benj. J., 32 Hillside av., Newark
Silverstein, Jacob M., 73 Main st., Millburn
Simmons, Albert V., 720 Prospect st., Maplewood
Simms, George F., 541 Page av., Lyndhurst
Simon, Henry, Army
Simon, Ludwig L., Army
Simonson, Louis, 202 Osborne ter., Newark
Singer, Max., 147 Johnson av., Newark
Sisson, Nelson W., 144 Harrison st., East Orange
Skwirsky, Joseph, 170 Hawthorne av., Newark
Slavin, Paul, 31 Lincoln Park, Newark
Smalzried, Elmer W., Navy
Smarzo, Marjorie M., 46 Vernon ter., East Orange
Smith, Byron J., Army
Smith, Christopher A., 295 Montg'm'ry st.,Bl'mf'd
Smith, Ellis L., Essex Co. Isolation Hosp.,Bellev'le
Smith, George H., 136 Evergreen pl., East Orange
Smith, Harold W., 179 Lincoln av., Orange
Smith, Joseph J., 325 13th av., Newark
Smith, Leonard H., 32 Washington st., E. Orange
Smith, Thayer A., Forest dr., Short Hills
Snavely, Earl H., Newark City Hospital, Newark
Snook, Lee O., Jr., 8 Hedden ter., N. Arlington
Sobin, Julius, Army
Solk, Arthur G., 88 Clinton av., Newark
Solomon, Harold, 79 Shanley av., Newark
Somers, Fred L., 144 Harrison st., East Orange
Sonnenberg, Arthur, Army
Sorock, Emil M., 310 Roseville av., Newark
Sperling, Irving L., Army
Spinner, Samuel L., 15 Third st., Elizabeth
Sprague, Edward W., 86 Washington st., Newark
Staehle, Richard H., 34 Lyons av., Newark
Stahl, Alfred, 55 Lincoln Park, Newark
Stahl, Charles, 659 Sanford av., Newark
Staknevich, John H., 658 Grove st., Irvington
Statman, Arthur J., 17 Leslie st., Newark
Steiner, Edwin, 31 Lincoln Park, Newark
Steiner, Herbert, 650 Stuyvesant av., Irvington
Stern, David A., 127 Lyons av., Newark
Stern, Max E., 2 Milford av., Newark
Stevens, Merton H., 58 So. Maple av., East Orange
Stewart, Robert G., 79 Midland av., Montclalir
Stickles, Lloyd C., 49 Parkhurst st., Newark
Stiles, C. Campbell, 713 Park av., East Orange
Stoddard, Gordon V., Army
Stokes, Donald E., Orange MemorialHosp.,Orange
Stokes, Earle B., 144 Harrison st., East Orange
Stoll, George F., 330 Washington av., Belleville
Strack, Jerome A., 1 Scotland rd., South Orange
Strack, Vincent J., 1072 S. Orange av., Newark
Strasser, Hans A., 555 William st., East Orange
Straub, Herbert H., 242 Springdale av., E. Orange
Straus, Max, 87 Harrison pl., Irvington
Strauss, Frederick, Army
Strauss, Leo M., 18 S. Munn av., East Orange
Strauss, Max, 190 Clinton av., Newark
Strauss, Wm. T., Jr., 6 Jerome pl., Upper Mtclr.
Streen, Morris E., 908 Bergen st., Newark
Sturchio, Edoardo, 104 Ferry st., Newark
Sturchio, Eugenio, 178 Mt. Prospect av., Newark
Suesserman, Henry, 389 Lyons av., Newark
Sullivan, William T., Navy
Sutton, Harold L., Army
Sutton, Jos. G., Essex Co. Hosp., Cedar Grove
Symes, Earl R., Army
Szerlip, Leopold, 31 Lincoln Park, Newark
Taff, Harry, 478 Orange st., Newark
Taffet, William, Army
Tansey, W. Austin, Jr., Army
Tarbell, Harold A., 13 Pennington st., Newark
Teeter, Charles E., 418 Orange st., Newark
Tenney, Albert S., 164 Harrison st., East Orange
Tepper, Victor, 2 Parkview ter., Newark
Thomas, John H., Navy
Thomison, Harry E., 605 Broad st., Newark
Thompson, Arthur F., 144 Harrison st., E. Orange
Thompson, Austin B., 479 Highland av., Orange
Thomson, Carroll S., Fair Oaks Sana., Summit
Thornhill, Arthur C., 47 Forest st., Montclair
Thornley, Wm. F., Army
Tillis, Herman H., 31 Lincoln Park, Newark
Tilton, William R., 763 Broad st., Newark
Tirrell, C. Malcolm, Navy
Tobey, Franklin J., 11 Hazelwood av., Newark
Toczek, Heinrich A., 404 Bergen st., Newark
Tomec, Richard F., Navy
Torppey, John J., Army
Trautwein, Charles F., 131 Nesbit ter., Irvington
Troedsson, Bror S., 188 S. Essex av., Orange
Tunis, Benno B., 22 Ingraham pl., Newark
Turi, Amedeo E., 57 Garside st., Newark
Turner, Charles F., 151 Grove st., Montclair
Tushnet, Leonard, 662 18th av., Irvington
Tutcla, Arthur C., Army
Tutschulte, Ernest, 111 Mt. Pleasant av., Newark
Twitchell, Adelbert B., 162 S. Orange av.,S.Orange
Tymeson, Walter R., 310 Main st., Orange
Ulan, Oscar, 170 Fleming av., Newark
Ulvestad, Lawrence E., Army
Urbach, George, 181 Chancellor av., Newark
Valentin, Irmgard, 131 Harrison st., East Orange
Vallario, Frank A., 333 Clifton av., Newark
Vander Veer, H. Garrett, 295M'tgomery st.,Bl'mf'd
Van Emburgh, Geo. H., 575 Belgrove dr.,Arlingt'n
Van Gieson, Edward J., Navy
Vannatta, Geo. W., 226 N. Park st., East Orange
Van Ness, H. Roy, 444 Parker st., Newark
Verbeck, Geo. B., 20 Church av., BallstonSpa,N.Y.
Vincent, Nicholas F., Army
Virgilio, Anthony A., Army
VonHofe, Frederick H., 75 Prospect st., E.Orange
Voorhees, Florence E., 140 Roseville av., Newark
Wagner, John, 48 Wilson av., Newark
Wakeley, Wm. E., 144 Harrison st., East Orange
Waldron, Robert E., Army
Walkenberg, Michael, 41 Leslie st., Newark
Wallack, Charles A., 23 Treacy av., Newark
Wallhauser, Henry J. F., ShawFarm,Mt.Bethel,Pa.
Walsh, Charles R., 95 W. Northfield av.,Livingst'n
Walton, Ralph W., 102 Gates av., Montclair
Wambsganss, Magdalena, 44 Devine st., Newark

Wangner, William F., Army
Ward, Elisabeth B., 112 Chancellor av., Newark
Ward, Gertrude P., 41 Park pl., Bloomfield
Ward, William R., 112 Chancellor av., Newark
Ward, William R., Jr., Army
Warner, Wm. H. A., 444 Central av., East Orange
Warren, LeVerte T., 2 Mission st., Montclair
Washington, William H., 321 High st., Newark
Waterman, Samuel M., Army
Weber, Francis C., 286 Mt. Prospect av., Newark
Weeks, Norman E., 159 Christopher st., Montclair
Wegrocki, Adolph A., 588 Sanford av., Newark
Weinberg, Alfred, 654 Lyons av., Irvington
Weinmann, Max H., 714 Scotland rd., Orange
Weinstein, Francis S., 857 S. 11th st., Newark
Weinstein, Leopold, 441 W. End av., New YorkC'y
Weinstein, Morris W., 604 Chancellor av.,Irvingt'n
Weinstock, Michael B., Army
Weiss, Louis, 519 Springfield av., Newark
Weiss, Mortimer H., Army
Weiss, Selma, 2 Stratford pl., Newark
Welkind, Allen A., Army
Weller, Arthur, 19 Hillyer st., Orange
Wesson, Harrison R., Navy
Weston, Clifford G., 27 Woodland av., Glen Ridge
Wheeler, Wm. K., Navy
Whelan, Edward P., 460 Franklin av., Nutley
Wherry, Elmer G., 325 Clinton av., Newark
White, Robert R., 144 Harrison st., East Orange
Wiener, David, 196 Weequahic av., Newark
Willan, Edward H., 74 S. Munn av., East Orange
Willey, F. Parker, 153 Roseville av., Newark
Williams, John J., 88 Walnut st., Newark
Willner, Irving, 18 Waverly av., Newark
Willner, Philip, Army
Willson, James H., 144 Harrison st., East Orange
Wilson, John H., Jr., 85 Halsted st., East Orange
Winter, Egon W., 825 S. 10th st., Newark
Wolf, Raymond E., Army
Wolfe, Jacob S., 44 Watsessing av., Bloomfield
Wolfe, William W., 383 Mulberry st., Newark
Wood, E. LeRoy, Army
Woolf, Bernhardt H., 41 Hedden ter., Newark
Wort, Frederick J., 1080 Broad st., Newark
Wrensch, Alexander E., 79 Valley rd., Montclair
Wuerthele, Virginia E., 311 Mt. Pr'sp'ct av.,New'k
Wurts, Margaret M., 27 Wellesley av., Up. Mtclr.
Wurzel, Milton, Army
Wyatt, Joseph H., 135 Clinton av., Newark
Wyker, Arthur W., 57 Park pl., Bloomfield
Yablonsky, Max, 30 Shanley av., Newark
Yadkowsky, Emanuel, 637 High st., Newark
Yaguda, Asher, Navy
Yankowicz, Michael F., Army
Yates, Glen L., 270 Ridgewood av., Glen Ridge
Yelin, Gabriel, 635 High st., Newark
Ylvisaker, Lauritz S., 763 Broad st., Newark
Yoskalka, Jack S., Army
Young, I. Henry, 220 Columbia av., Irvington
Young, John H., 37 N. Fullerton av., Montclair
Zager, Saul, Army
Zehnder, A. Charles, 188 Roseville av., Newark
Zimmer, William, Army
Zimmerman, Coler, Army
Zingali, John A., U. S. P. H. S.
Zvaifler, Nathan, 46 Wilbur av., Newark
Zweibel, Leonard, Army
Zweigel, Isidore, 22 Monticello av., Newark
Zybulewski, Edmund A., 410 Bergen st., Newark

Number of Active Members and basis of representation, 1,183

ASSOCIATE MEMBERS

Auerbach, Friedrich, 1449 Clinton av., Irvington
Belott, Louis V., 276 Springdale av., East Orange
Berney, Irving, 31 Lincoln Park, Newark
Berney, Ruth V., 16 Lyons av., Newark
Eisenstodt, Lester W., 31 Lincoln Park, Newark
Faulkner, Mortimer S., Orange Mem.Hosp.,Or'nge
Fischer, Louise, 156 Roseville av., Newark
Glynn, S. Robert, Army
Grant, Francis, Army
Haller, Olga, 182 Roseville av., Newark
Hansen, Harold T., 533 Mt. Prospect av., Newark
Hendlich, Milton G., 24 Johnson av., Newark
Jaeckle, Charles E., Army
Jarvis, Daniel G., 31 Lincoln Park, Newark
Kauder, Warren G., 33 S. Munn av., East Orange
Lupo, Domenico, 763 Broadway, Newark
Makarchek, Sigmund J., 289 Broad st., Bloomfield
Marin, Robert B., 284 Bellevue av., Montclair
Merrick, Evelina, 142 Clinton av., Newark
Outwin, Richard N., Army
Roston, Mark A., Army
Ruccia, Arthur, Army
Saslow, Stella K., 102 Shanley av., Newark
Smith, Charles H., Navy
Starr, George R., Jr., 764 Scotland rd., Orange
Villanova, Ralph N., 266 S. 8th st., Newark
Warner, Halsey F., Army
Willey, Harry S., Jr., 31 Lincoln Park, Newark

TRANSFERS

Anderson, Ethelyn, to Bergen County
Carr, Josephus C., from Alabama
Delaney, Oscar M., from Ohio
Farden, Joseph L., to Maryland
Hopping, Richard A., from Minnesota
Reilly, David F., to Union County
Smarzo, Marjorie M., from Illinois
Troedsson, Bror S., from New York
Walkenberg, Michael, from Pennsylvania

RESIGNED

Becket, George C.
Lottridge, Dorothy
Nash, William G.
Self, Edward B.

GLOUCESTER COUNTY (8)

Society organized December, 1818. Regular meetings on third Thursday of each month, except June, July and August. Annual Meeting in May. Annual Social Session in October.

ACTIVE MEMBERS

Barrows, Victor I., 316 N. Broadway, Pitman
Black, Emanuel S., 128 E. High st., Glassboro
Black, Maskell B., Army
Booth, George R., 219 Highland av., Westville
Bowersox, Clarence A., 509 N.Broad st.,Woodbury
Broselow, Benjamin G., Delsea dr., Franklinville
Burkett, J. Paul, Navy
Burkett, Wendell J., 16 W. Holly av., Pitman
Campo, A. Guy, 401 Broadway, Westville
Carpenter, Wm. H., 39 Aberdeen pl., Woodbury
Chalfant, Wm. P., Br'dway & Crafton av., Pitman
Collins, Louis K., Army
DiMarino, Anthony J., 735 Delaware st., Paulsboro
Diverty, Henry B., 38 Cooper st., Woodbury
Faux, Frederick J., Navy
Fisler, Charles F., 140 Maple st., Clayton
Fooder, Horace M., 110 Main st., Williamstown
Gairdner, Thos. M., 319 W. Broad st., Gibbstown
Gillis, Alfred G., Army
Harris, William G., Main st., Mullica Hill
Hollinshed, Ralph K., 351 Broadway, Westville
Hughes, Joseph F., Army
Hunter, Harold H., 114 W. Broad st., Paulsboro
Lintz, Sidney Z., Army
Livengood, Baxter A., 64 Cooper st., Woodbury
McGuire, Wm. A., 29 W. Wash'gton st., Paulsboro
Moore, Ralph L., Army
Nelson, Harry, 36 Lupton av., Woodbury
Pedrick, William W., 11 West st., Glassboro
Pegau, Paul M., 246 Briar Hill lane, Woodbury
Rhoads, S. Creadick, Army
Rogers, Dorothy M., 50 Cooper st., Woodbury
Ruttenberg, Louis, Army
Serri, Wm. S., 447 Kings Highway, Swedesboro
Sheets, Cecil C., 213 W. Broad st., Paulsboro
Sherman, Fuller G., 204 Delaware st., Woodbury
Sinexon, Henry L., 36 W. Broad st., Paulsboro
Sirotta, E. Bernard, Army
Sooy, L. Thomas, 202 W. Holly av., Pitman
Stewart, Irving J., 529 Kings Highway,Swedesboro
Ulmer, Chester I., 431 W. Broad st., Gibbstown
Underwood, J. Harris, 509 N. Broad st., W'dbury
Venturo, Ralph C., Army
Wandall, Frederick G., 50 E. High st., Clayton
Weems, Don B., 105 E. Mantua av., Wenonah
Wentzell, J. Earl, Army
Whitaker, Henry J., Army
Wood, Oran A., 128 W. Broad st., Paulsboro
Wright, Herman W., Army
Zapf, Reville D., 100 W. Mantua av., Wenonah

Number of Active Members and basis of representation, 50.

HUDSON COUNTY (9)

Society organized October 11, 1851. Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, meeting to be held on next day. Annual Meeting in May.

ACTIVE MEMBERS

Adler, Joseph, 933 Avenue C, Bayonne
Africano, Julius V., 43 Columbia ter., Weehawken
Agolia, Michael W., Army
Ainsley, H. Bryson, 246 Union st., Jersey City
Alpert, Edward, 661 Jersey av., Jersey City
Alter, Nicholas M., 410 Fairmount av., Jersey City
Amdur, Louis A., 2540 Boulevard, Jersey City
Angelo, Joseph A., Army
Anrig, Grace E., 613 Summit av., Union City
Arbeit, Sidney R., Army
Aria, Charles J., Army
Aria, Michael H., 31 Glenwood av., Jersey City
Arlitz, William J., 105 Newark st., Hoboken
Arndt, Frank R., Army
Aronowitz, Harry T., 923 Ave. C, Bayonne
Artaserse, George V., Army
Ash, Arthur F., 710 Boulevard E., Weehawken
Atwell, David R., 920 Hudson st., Hoboken
Auriemma, Michele, 419 Adams st., Hoboken
Bahnson, Conrad M., Army
Bailyn, Emanuel, 400 60th st., West New York
Ballinger, Reeve L., 659 Kearny av., Arlington
Balsamo, Anthony J., 5016 Hudson av., W.NewY'k
Barbarito, Wm. N., 135 Bentley av., Jersey City
Barishaw, Samuel B., 25 Bentley av., Jersey City
Barone, Francis A., Army
Behrens, Herman H. E., 312 Webster av.,Jer.City
Bellina, George L., 518 79th st., North Bergen
Ben-Asher, Solomon, 254 Bergen av., Jersey City
Benjamin, Harold C., 59 Crescent av., Jersey City
Berlin, Joseph I., 2600 Boulevard, Jersey City
Betcher, Albert M., Army
Bigliani, Urban R., Army
Bitten, Robert M., 33 Romaine av., Jersey City
Blakey, Abram P., 155 Wegman Pkwy., Jer. City
Blum, Milton, Army
Boland, Lucy E., 27 Washington av., Arlington
Bonanno, Peter J., Army
Bookrajian, Edw. N., Army
Borrone, Milton G., 2695 Boulevard, Jersey City
Borshaw, Hyman, Navy
Bortone, Frank, 2765 Boulevard, Jersey City
Boselli, Emile H., Army
Botti, John A., 236 Summit av., Jersey City
Boyers, Sidney S., 4614 Boulevard, Union City
Boyle, Francis L., Navy
Bradaseh, George A., Army
Brady, Thomas S., 678 Ave. C, Bayonne
Brady, William A., 412 44th st., Union City
Braitman, Max, 412 60th st., West New York
Brauer, Selig L., Army
Braunstein, Sigmund C., 424 57th st., W.NewYork
Braunstein, Wm. P., 1 Bellevue st., Weehawken
Brennock, Thomas McG., 3 Webster av., Jer. City
Bresev, Morris, Army
Brick, George J., 43 Cottage st., Jersey City
Brignola, Gerald C., Army
Brozdowski, John J., 554½ Jersey av., Jersey City
Butler, Vincent P., 33 Bentley av., Jersey City
Campana, Vincent R., 442 Fairm't av., JerseyCity
Cangemi, Vito F., 50 Glenwood av., Jersey City
Cannon, Edward A., 7512 Boulevard, No. Bergen

Caridi, Salvatore, 431 59th st., West New York
Carr, Mary B., 1 Astor pl., Jersey City
Chapman, Ellis J., 203 Danforth av., Jersey City
Chayes, Sydney, 980 Ave. C, Bayonne
Christian, Henry A., Army
Cieri, Daniel S., 1515 Central av., Union City
Clark, Chas. C., 2301 New York av., Union City
Cohen, Herman, 489 Jersey av., Jersey City
Cohen, Herman N., 108 13th st., Hoboken
Cohen, Samuel, Army
Cohen, Samuel A., Army
Connell, Emmet J., Navy
Connell, John N., 26 Carlton av., Jersey City
Connolly, Thomas W., 921 Bergen av., Jersey City
Conti, Michael, 280 4th st., Jersey City
Conty, Anthony J., 318 48th st., Union City
Cosgrove, Robert A., Army
Cosgrove, Samuel A., 88 Clifton pl., Jersey City
Coughlin, John P., Navy
Cowan, Joseph H., Army
Cracco, Frederick A., 211 Palisade av., Union C'y
Crieco, Carl F., Army
Cufari, Carmine J., 725 18th st., Union City
Culver, S. Herbert, 75 Magnolia av., Jersey City
Cupaiuoli, Richard A., Navy
D'Acierno, Pellegrino A.,1708 P'lis'de av.,UnionC'y
Daly, Edmund J., 921 Bergen av., Jersey City
Danielson, John J., Army
Davis, Daniel, Army
DeFuccio, Chas. P., 12 Duncan av., Jersey City
DeFusco, G. Thomas, Army
DeMarco, Silverino V., Army
DeMeritt, Chas. L., 4500 Boulevard, Union City
Detrano, Salvatore J., 903 Wash'gton st.,Hoboken
Dexter, Harriet E. T., 903 Ave. C, Bayonne
Donnelly, Joseph P., 58 Kensington av., Jer. City
Donohoe, Lucius F., 33 Dodge st., Bayonne
Donohue, Daniel J., 139 Highland av., Jersey City
Doody, William M., 19 Bentley av., Jersey City
Doran, Ralph J., U. S. P. H. S.
Doran, Wm. G., 2685 Boulevard, Jersey City
Dougherty, Daniel D., Army
Doyle, John J., 426 Fairmount av., Jersey City
Driscoll, Raymond S., Army
Duckett, Warren J., 21 Carlton av., Jersey City
Dukes, Howard R., 220 Kearny av., Kearny
Edwards, Lena F., 358 Pacific av., Jersey City
Elsasser, Theodore H., 7206 Park av., Woodcliff
Elwood, Benjamin J., 810 Boulevard, Bayonne
Enright, James G., 25 Kensington av., Jersey City
Evans, J. Lawrence, 7117 Park av., Woodcliff
Faber, Edward, Army
Facciolo, Frank, 562 Boulevard, Bayonne
Faison, John B., 45 Glenwood av., Jersey City
Fattel, Henry C., Army
Fauquier, Leonard B., 172 Jewett av., Jersey City
Federer, John J., Army
Feinberg, Harry, Army
Felitti, Vincent J., 6 75th st., North Bergen
Feller, William, Army
Fenimore, Edward D., Army
Fialk, Harry, Army
Ficke, Sylvia A., 884 Summit av., Jersey City
Fifer, William T., Army
Fineberg, Jacob C., 50 Glenwood av., Jersey City
Finger, Frederick A., 943 Ave. C, Bayonne
Finke, Charles H., 317 York st., Jersey City
Finn, Frederick A., 921 Bergen av., Jersey City
Finn, Henry R. W., 84 Lembeck av., Jersey City
Flichtenfeld, Morris, 283 Fourth st., Jersey City
Flicker, David J., Army
Fliegel, Hilda C., 309 Baldwin av., Jersey City
Frank, Herman I., Army
Frank, Morris, 920 Ave. C, Bayonne
Frank, Nathan, Army
Franklin, I. Harold, 191 Palisade av., Jersey City
Freeman, Joseph, 146 W. 32nd st., Bayonne
Freyberger, George A., Army
Freymann, Walter, 5006 Hudson av., W.NewYork
Frieman, Hyman, 744 Ave. C, Bayonne
Frutig, Harold C., 508 80th st., North Bergen
Furman, Sol T., 349 Fairmount av., Jersey City
Garibaldi, Louis J., 1016 Hudson st., Hoboken
Gerne, Timothy A., Army
Gerner, Harry E., Navy
Ghee, Euclid P., 115 Claremont av., Jersey City
Ginsberg, George, 624 Bloomfield st., Hoboken
Gleason, Thomas P., Army
Gleeson, William J., 640 Bergen av., Jersey City
Gnassi, Angelo M., 130 Wegman Pkwy., JerseyCity
Goldowsky, Ira, 23 Warner av., Jersey City
Goldsmith, Alfred S., Navy
Goldstein, Joseph D., Army
Goldstone, Karl H., 16 62nd st., West New York
Goodrich, Stewart L., 812 Ave. C, Bayonne
Gordon, Isaac L., 1815 Boulevard, Jersey City
Gorenberg, Harold, Navy
Granelli, Humbert A., 213 Garden st., Hoboken
Greenberg, Philip, 1902 Boulevard, Jersey City
Greenberg, Solomon, Army
Greene, Albert D., 915 Palisade av., Union City
Greene, Harry, Army
Grieco, Emil H., Army
Grossman, Morris, 921 Bergen av., Jersey City
Grossman, Rubin, Army .
Gurland, Benjamin B., 146 W. 37th st., Bayonne
Gurley, Katharine A., 2671 Boulevard, Jersey C'y
Gutmann, Erwin K., Army
Hall, Perry O., 2553 Boulevard, Jersey City
Halligan, Earl J., 254 Montgomery st., Jersey City
Halperin, David, 590 Bergen av., Jersey City
Halpern, Sophia L., 1311 Palisade av., Union City
Handler, Harry, Army
Harter, Louis F., 174 Bowers st., Jersey City
Hartwell, H. Ameroy, 777 Boulevard,E., W'hawk'n
Harvey, John W., 818 Ave. C, Bayonne
Harz, William V., Army
Hasking, Arthur P., 318 Montgomery st., Jer. City
Hauptman, Harry, Navy
Hekimian, Jacob H., 2314 Palis'de av., Weeh'wk'n
Hernandez, Manuel, 1974 Boulevard, Jersey City
Herradora, Juan R., 2787 Boulevard, Jersey City
Higgins, Gerald L., 86 Bartholdi av., Jersey City
Higgins, John T., 145 Highland av., Jersey City
Higgins, Thomas A., 2616 Boulevard, Jersey City
Hillel, Joseph, Army
Hirsch, Solomon, Army
Holland, Moses H., Army
Hollinger, Chauncey O., 2474 Boulevard, Jer. City
Hollywood, James L., Army
Hoops, Harold J., 2203 Boulevard, Jersey City
Horowitz, Leo, 3644 Boulevard, Jersey City
Howeth, John L., Navy
Imhoff, John G., U. S. P. H. S.
Introcaso, Dominick A., 45 Crescent av., Jer. City
Irving, Henry C., Jr., Army
Ishkhanian, Nouri I., 6032 Palisade av.,W.NewY'k
Jacks, Oscar, 476 Mercer st., Jersey City
Jaffe, Benjamin, Army
Jaffe, Herman M., 2600 Boulevard, Jersey City
Jaffin, Abraham E., 41 Emory st., Jersey City
Jaques, J. Eugenia, 74 Waverly st., Jersey City
Jensen, Grover H., 451 Bergen av., Jersey City
Jentz, John H., 63 Sherman pl., Jersey City
Johnson, Archie W., 169 Claremont av., JerseyC'y
Jones, Clement M., 454 Boulevard, Bayonne
Jones, J. Morgan, Valley rd., R. F. D., Oakland
Joseph, Benj. M., 2771 Boulevard, Jersey City
Judy, Kenneth H., Army
Justin, Arthur W., 41 Fulton st., Weehawken

Kainer, Herbert, Army
Kanengiser, Clifford H., 333 Fairmount av.,Jer.C'y
Kaplan, Herman B., 324 44th st., Union City
Kearney, John V., 335 78th st., North Bergen
Keegan, Thomas D., 8 Gifford av., Jersey City
Keeney, James C., 1201 Park av., Hoboken
Keller, Rudolph J., 821 Garden st., Hoboken
Kelley, Charles B. P., 921 Bergen av., Jersey City
Kelly, Bernard S., 1954 Boulevard, Jersey City
Kelly, Harry R. J., Army
Kennedy, John W., Army
Kerdasha, George S., 135 79th st., North Bergen
Kiely, Eugene M., 800 Hudson st., Hoboken
Kimmel, M. Leonard, Army
Klein, Julius, 1513 Palisade av., Union City
Kolb, John M., 1611 Boulevard, North Bergen
Kooperman, Barnett, 321 60th st., West New York
Kooperstein, Samuel I., Army
Koppel, Joseph A., 42 Highland av., Jersey City
Kraemer, Samuel H., 309 Baldwin av., Jersey City
Kraut, Arthur M., Army
Kresch, Philip, 42 West 22nd st., Bayonne
Kruger, Alfred L., Army
Kuhlmann, Alvin E., 527 37th st., Union City
Kun, Bertram, Army
Lakiszak, Roman T., Army
Landshof, Charles A., Army
Lane, Thomas F., Army
Lange, Louis C., 50 Clifton ter., Weehawken
Largay, Arthur O., 937 Ave. C, Bayonne
Larkey, Charles J., 700 Ave. C, Bayonne
Lawsing, G. Conde, 443 66th st., West New York
Lease, Henry J., 111 74th st., Woodcliff
Lefkowitz, Jacob H., 445 64th st., West New York
Leining, Albert, 45 48th st., Weehawken
Leir, J. Krevin, 2787 Boulevard, Jersey City
Lepis, A. Albert, Navy
Levine, G. Irving, Army
Linden, Mortimer H., 45 Clendenny av., Jer. City
Lindroth, Lawrence V., 4633 Blvd., N. Bergen
Lipshutz, Benjamin, 18 West 22nd st., Bayonne
Lipshutz, Charles, Army
Little, Alonzo W., 120 Arlington av., Jersey City
Lobban, Robert B., Army
Londrigan, Joseph F., 832 Bloomfield st., Hoboken
Londrigan, Joseph F., II, Army
Long, Miles T., 2150 Boulevard, Jersey City
Loori, William A., 549 Pavonia av., Jersey City
Luczynski, Edw. W., 28 E. 22nd st., Bayonne
Luippold, Eugene J., 85 Columbia ter.,Weehawk'n
Lupin, Edward E., 930 Boulevard, Bayonne
Lynch, Roland J., Mental Disease Hosp., Secaucus
Lynn, Irving I., Army
Macchia, Benjamin J., 358 Arlington av., Jer. City
MacDonald, John J., 348 Ogden av., Jersey City
Mackin, John J., Army
Madaras, John S., 870 Ave. C, Bayonne
Madison, L. Keith, 358 Pacific av., Jersey City
Malinowski, John J., 50 Glenwood av., JerseyCity
Margolin, Samuel J., 1012 80th st., North Bergen
Markowitz, Benj. B., 116 Gifford av., Jersey City
Markowitz, Irwin B., 2157 Boulevard, Jersey City
Marrella, Louis F., Army
Marshall, Frank A., Army
Mastromonaco, Joseph D., 790 Ave. C, Bayonne
Matera, Joseph, 506 Garden st., Hoboken
Mathesheimer, Jacob L., 280 OldBerg'n rd.,Jer.C'y
Mathews, William J., 938 Hudson st., Hoboken
Matturri, Dominick A., 81 Gifford av., Jersey City
Maturi, Vincenzo E., 814 Boulevard, Bayonne
Maver, William W., 532 Bergen av., Jersey City
McCarron, James A., 341 Ave. A, Bayonne
McCarthy, Cornelius P., 887 Boulevard, Bayonne
McCarthy, John J., Navy
McLean, Herbert E., 92 Fairview av., Jersey City
McLean, Hugh A., Navy
McLoughlin, Frank J., 558 Jersey av., Jersey City
McLoughlin, John W., Army
McNenney, Claudio E., 113 Fairview av., Jer. City
Meehan, George E., 117 Mercer st., Jersey City
Meltsner, Louis, 904 Hudson st., Hoboken
Meltzer, Louis, Army
Mersheimer, Christian H., 15 Reservoir av.,Jer.C'y
Meyer, William, 2128 New York av., Union City
Meyerson, Noah, 428 59th st., West New York
Mickewich, Stephen A., Army
Miller, Max H., 311 60th st., West New York
Monfort, Robert N., Army
Monica, Louis A., 653 Avenue C, Bayonne
Morley, Grace C., 64 Clifton ter., Weehawken
Morris, David G., 11 W. 26th st., Bayonne
Muccia, John J., Army
Mueller, George H., 102 Summit av., Jersey City
Mulvihill, William J., 275 Boulevard, Bayonne
Murphy, James M., 2757 Boulevard, Jersey City
Murphy, Leo J., 1814 West st., Union City
Murphy, Patrick H. W., 27 Jefferson av., Jer. City
Murray, Joseph A., 765 Ave. C, Bayonne
Mustermann, Otto H., Navy
Muttart, George W., 2521 Boulevard, Jersey City
Mutter, Alfred A., 75 Beech st., Arlington
Nafash, Shafeek, Army
Nalitt, David I., 28 West 33rd st., Bayonne
Newman, Abraham J., 132 Manhattan av., Jer.C'y
Nicholson, Frank P., 895 Summit av., Jersey City
Nobile, James J., Army
Norton, James F., 58 Kensington av., Jersey City
Nuse, Edward F., 550½ Jersey av., Jersey City
Ockene, Abraham, 2415 Palisade av., Union City
O'Connor, John J., 2124 New York av., Union City
Oesterreicher, Desider, 427 Bergen av., Jersey C'y
O'Gorman, Michael W., 46 Mercer st., Jersey City
O'Hanlon, George, Medical Center, Jersey City
Olpp, Arch. E., 1516 Bergenline av., Union City
Ortolano, James J., Army
O'Shea, John J., Army
Oshrin, Henry, Army
O'Sullivan, John R., 11 Quincy av., Arlington
Owen, Logan S., 938 Hudson st., Hoboken
Padney, Edward V., 452 Jersey av., Jersey City
Pagliughi, John J., 401 18th st., Union City
Pearlstein, Frank, 325 60th st., West New York
Peckman, Abram, 56 Gifford av., Jersey City
Penchansky, Samuel J., Army
Pentel, Louis S., 307 60th st., West New York
Perkel, Louis L., 2801 Boulevard, Jersey City
Perlberg, Harry J., 921 Bergen av., Jersey City
Perrone, Arthur F., 415 60th st., West New York
Peters, Edgar A. P., 394 Bergen av., Jersey City
Peterson, Chas. A., 921 Washington st., Hoboken
Piltz, George F., Army
Pindar, Frederick S., 7500 Park av., Woodcliff
Pindar, William A., 7523 Broadway, N. Bergen
Piskorski, Abdon V., 604 Jersey av., Jersey City
Plavin, Nathan J., 8010 Boulevard, No. Bergen
Pollak, Berthold S., 100 Clifton pl., Jersey City
Pontery, Herbert B., 89 Bowers st., Jersey City
Potter, Benjamin P., Army
Povalski, Alex. W. T., 1925 Boulevard, Jersey C'y
Price, H. Preston, Army
Prince, Samuel, Army
Purdy, Charles H., 35 Highland av., Jersey City
Pyle, Louis A., 89 Fairview av., Jersey City
Pyle, Wallace, 15 Exchange pl., Jersey City
Quaglieri, Charles L., 733 Park av., Hoboken
Quigley, Frederic J., 543 45th st., Union City
Quinn, John J., 921 Bergen av., Jersey City
Read, Donald B., 105 Hudson st., Jersey City
Reingold, Alexander, 221 Garden st., Hoboken
Reznikoff, Leon, Army

Rieck, Walter R., 379 Kearny av., Kearny
Rieman, Aloysius P., Navy
Riese, Jacob A., 6012 Palisade av., West NewYork
Rosen, Charles E., Army
Rosenberg, Albert B., Army
Rosenberg, Jacob, 692 Bergen av., Jersey City
Rosenstein, Jacob L., 568 Bergen av., Jersey City
Rubenstein, Eli, 800 Ave. C, Bayonne
Rubenstein, Robert, Navy
Rundlett, Emilie V., 79 Prospect st., Jersey City
Ruoff, Andrew C., 2414 New York av., Union City
Russell, David L., 690 Bergen av., Jersey City
Ruvane, Joseph J., 38 Bentley av., Jersey City
Sabini, Cecil F., Army
Sacco, Anthony G., 2200 New York av., UnionCity
Sachs, Wilbert, 921 Bergen av., Jersey City
Sager, Harold, 19 W. 22nd st., Bayonne
Sakowski, John P., 20 W. 22nd st., Bayonne
Saladino, Anthony J., 427 15th st., Union City
Salmon, Edward F., 50 Gifford av., Jersey City
Santangelo, Stephen, 461 Jersey av., Jersey City
Santosky, Benjamin B., Army
Saradarian, Albert V., Army
Scala, H. Albert, 41 Madison av., Jersey City
Schapiro, Joseph, 3514 Palisade av., Union City
Scheer, Eli, 7500 Bergenline av., North Bergen
Schenker, Benjamin N., Army
Schenker, Israel N., 3697 Boulevard, Jersey City
Schept, Samuel S., 523 37th st., Union City
Schlein, August, 707 Park av., Hoboken
Schneider, Harry M., 2158 Boulevard, Jersey City
Schneider, Louis A., 412 61st st., West New York
Schuchner, Wm. F., 550½ Jersey av., Jersey City
Schuck, Traugott J., 58 Ninth st., Hoboken
Schulman, Abraham S., 4518 Blvd., Union City
Schurman, Emil W., 710 Ocean av., Jersey City
Schwartz, Harold B., Army
Schwarz, Berthold T. D., 2787 Blvd., Jersey City
Schwarz, Henry J., Army
Schwarzwald, Irving, Navy
Sciarrillo, Louis F., 711 Garden st., Hoboken
Sciorsci, Edward F., 609 Bloomfield st., Hoboken
Scott, John J., Army
Scott, Samuel G., 141 Bergen av., Jersey City
Seligmann, Fred S., 501 32nd st., Union City
Selinger, Samuel, 413 60th st., West New York
Shapiro, Maurice, 750 Ave. C, Bayonne
Shapiro, Nathaniel J., 212 Palisade av., Union C'y
Shapiro, Saul J., Army
Sheeran, Vincent J., Army
Shook, Benjamin E., 284 Bergen av., Jersey City
Shulman, Nathan L., 538 45th st., Union City
Siegel, Lester, Army
Siegler, Julius, 646 Bergen av., Jersey City
Sigman, George, 254 Union st., Jersey City
Silich, Robert L., Army
Simeone, Peter A., Army
Simpson, David B., Army
Singer, Sina S., 3443 Boulevard, Jersey City
Sinnott, Gerald W., Medical Center, Jersey City
Smith, Arthur B. R., Navy
Snyder, W. Jay, 74 Columbia ter., Weehawken
Solomon, David, 725 Avenue C, Bayonne
Solomon, Louis, 7 Tonnele av., Jersey City
Spano, Frank, Navy
Spath, William H., 722 Hudson st., Hoboken
Spence, Henry, 2540 Boulevard, Jersey City
Spohn, Eugene L., Navy
Sprague, Seth B., 301 York st., Jersey City
Stankiewicz, F. Stanley, Army
Starr, Benjamin, 96 Sherman place, Jersey City
Stefansin, Frank, Navy
Stein, Albert, 600 80th st., North Bergen
Stein, Jacob M., 68 Columbia ter., Weehawken
Stockfisch, Robert H., 3637 Boulevard, Jersey City
Stokes, Anthony T., 819 First st., Secaucus
Stout, J. Phillip, 165 Jewett av., Jersey City
Street, Daniel B., 27 Woodlawn av., Jersey City
Stuart, William C., 518 Hudson st., Hoboken
Sullivan, James A., 19 Kensington av., Jersey City
Sulouff, S. Henry, 662 Newark av., Jersey City
Sussman, Harold, Army
Swiney, Juliana C., 325 Ave. C, Bayonne
Swiney, Merrill A., 325 Ave C, Bayonne
Taft, Herman L., Army
Talty, John C., 935 Washington st., Hoboken
Tataryan, Hovsep, 2024 New York av., Union City
Temes, J. Howard, Army
Thomas, Ralph B., 793 Montgomery st., JerseyC'y
Tidwell, Harold F., 229 60th st., West New York
Timlin, James W., 64 Beech st., Arlington
Tomaiuoli, Michele, 19 76th st., North Bergen
Toth, Elmer F., 175 Harrison av., Jersey City
Tyndall, Hugh H., 83 Highwood ter., Weehawken
Urevitz, Abraham, 2415 New York av., Union City
Utkewicz, Edmond A., Navy
Varriano, John L., Navy
Visconti, Joseph A., 711 Garden st., Hoboken
Vostrosablin, Nicholas A., 121 Grand st., Jer. City
Wallack, Eli A., Army
Walscheid, Arthur J., 404 38th st., Union City
Waters, Edward G., 39 Gifford av., Jersey City
Watman, Anthony J., 2784 Boulevard, Jersey City
Weber, Laura E., Navy
Weber, Walter D., 305 23rd st., Union City
Wechsler, Joseph, 3342 Boulevard, Jersey City
Weiss, Abram, Navy
Weiss, Morris J., 734 Ave. C, Bayonne
Wheeler, James A. V., 85 Van Reypen st., Jer.C'y
White, Hugh M., 901 Summit av., Jersey City
White, Thomas J., Army
Wilcox, Frank A., Army
Williamson, Wm. L., 22 W. 22nd st., Bayonne
Woelfle, Henry E., 907 Summit av., Jersey City
Wolbert, Charles M., Army
Woltz, Sidney, 2206 New York av., Union City
Woodruff, Stanley R., 16 Enos pl., Jersey City
Yeaton, Wm. L., Jr., 204 11th st., Hoboken
Yontef, Reuben, Army
Yudkoff, William, Army
Yunck, William P., Jr., Army
Zbar, Joseph E., 90 Duncan av., Jersey City
Zitani, Alfred M., 937 Washington st., Hoboken

Number of Active Members and basis of representation, 485.

HONORARY MEMBERS

Connell, John, Jersey City
Dillingham, Willis I., Oakland
Dodson, Louis W., Jersey City
Gille, Hugo, Jersey City
Oestmann, August W., Jersey City
Older, Benjamin, Miami Beach, Fla.
Rosecrans, James H., Hoboken
Sexsmith, George H., Los Angeles, Calif.
Vreeland, Hamilton, Ridgewood
Zenneck, Junius F., Weehawken

HUNTERDON COUNTY (10)

Society organized June 12, 1821. Meets on fourth Tuesday of January, April, July, and October, April being the Annual Meeting.

ACTIVE MEMBERS

Baker, Philip W., High Bridge
Bambara, Aurelius J., Army
Beatty, Hannah J., Clinton Farms, Clinton
Boothby, I. Roland, Clinton
Boyer, Charles G., Annandale
Clark, Frank G., White House Station
Coleman, Austin H., Clinton
Ctibor, Vladimir F., Califon
English, Samuel B., N. J. State Hosp., GlenGardn'r
Fluck, Paul H., 73 N. Union st., Lambertville
Fritz, John F., Jr., 95 Main st., Flemington
Fuhrmann, Barclay S., 10 Main st., Flemington
Garfinkel, Abraham, Army
Germain, Raymond J., Army
Hamilton, Lloyd A., 46 York st., Lambertville
Heil, Alva A., Milford
Henry, George, 33 Mine st., Flemington
Jenkins, Arthur M., 701 Harrison st., Frenchtown
Knox, Howard A., New Hampton
Landry, Ernest J., Army
Lane, Edgar W., 46 Main st., Bloomsbury
Leaver, Morris H., Quakertown
McCorkle, William E., Ringoes
Merrill, Edwin D., Army
Moran, John F., Jr., Army
Mullins, Roy L., 305 Harrison st., Frenchtown
Salmon, Leon T., Lambertville
Shangold, Jack E., Army
Stolow, Alan A. J., N. J. State Hosp., Glen Gardn'r
Tompkins, Grenelle B., 52 Broad st., Flemington

Number of Active Members and basis of representation, 30.

HONORARY MEMBERS

Morrison, J. Bennett, Vista, California
Scammell, Frank G., Trenton
Sommer, George N. J., Trenton

MERCER COUNTY (11)

Society organized May 23, 1848. Meets on second Wednesday of each month except July, August, and September, at 9:00 p. m., in the Stacy-Trent Hotel, Trenton. Annual Meeting in December. Annual Banquet in November.

ACTIVE MEMBERS

Abey, Wm. J. H., 65 S. Main st., Pennington
Ackley, David B., 21 N. Clinton av., Trenton
Albert, Perry, Army
Applegate, Edw. T. R., 1125 Greenw'd av.,Trenton
Applestein, Robert, 568 E. State st., Trenton
Aronis, Harry R., 542 W. State st., Trenton
Ashley, Harmon H., 20 Nassau st., Princeton
Austin, Henry J., 96 Bellevue av., Trenton
Barlow, John D., Army
Barrows, Arthur M., 440 Hamilton av., Trenton
Barry, R. Grant, 908 W. State st., Trenton
Bayne, Joseph K., Army
Beairsto, Everett B., 224 W. State st., Trenton
Belfer, Jacob J., Army
Belford, Ralph J., 90 Nassau st., Princeton
Bellis, Horace D., 437 E. State st., Trenton
Bennett, Robert E., Army
Bergsma, Daniel, Army
Berman, Jacob J., 409 Market st., Trenton
Berry, Leonard M., 205 Nassau st., Princeton
Blackwell, Enoch, 28 W. State st., Trenton
Blaugrund, Samuel, 833 W. State st., Trenton
Blum, Joseph M., 128 Mill st., Trenton
Bonnet, W. Laurence, Army
Borrella, Domenic D., Army
Buckley, Richard T., Jr., Peddie Sch'l, Hightstown
Burbidge, J. Raymond, Army
Burns, Joseph R., 254 S. Olden av., Trenton
Burroughs, Edmund W., Army
Byer, M. Yale, Navy
Carabelli, A. Albert, Army
Carroll, C. Walter, 125 Centre st., Trenton
Carroll, William V., 211 Academy st., Trenton
Cella, Charles F., 359 Hamilton av., Trenton
Charleroy, Durant K., Navy
Chesner, Wm. A., 1111 Hamilton av., Trenton
Chianese, C. Chester, 464 Hamilton av., Trenton
Clark, Alice L., 206 W. State st., Trenton
Clark, Charles E., New Jersey State Hosp.,Trenton
Cohan, Charles C., 217 W. Hanover st., Trenton
Cohan, Joseph, 217 W. Hanover st., Trenton
Cohen, Herman, Army
Cohen, William, Army
Colavita, James J., Army
Collins, Henry J., 1160 Hamilton av., Trenton
Comfort, John B., 50 S. Clinton av., Trenton
Commini, Frank F., 741 Centre st., Trenton
Connelly, John A., 212 W. State st., Trenton
Corio, George A., 307 S. Clinton av., Trenton
Corrigan, Patrick H., 1720 S. Broad st., Trenton
Cotton, Henry A., Jr., Army
Cottone, Rosario J., 683 Princeton av., Trenton
Cowlbeck, Harry D., 224 W. State st., Trenton
Cox, Harold C., 208 Stockton st., Hightstown
D'Arcy, Walter E., 545 E. State st., Trenton
Davenport, Irwin P., 545 W. State st., Trenton
Davis, Harold L., 178 W. State st., Trenton
Davis, John E., Jr., Army
Davison, Royden W., 205 W. State st., Trenton
Dean, Guy K., Jr., Princeton rd., Plainsboro
Deitz, Joseph R., Army
Dembinski, T. Henry, Army
Denelsbeck, J. Otis, 878 E. State st., Trenton
Dimun, John T., Army
Dodge, James T., Army
Doranz, Harold K., Army

Drezner, Henry L., 507 S. Warren st., Trenton
Eames, William N., Army
Elias, Elmer J., Army
Engelhart, Ferdinand K., Army
English, Harrison F., III, Army
Epstein, Rubie, 606 Perry st., Trenton
Ernest, Richard B., 240 W. State st., Trenton
Fabian, Paul L., 520 Princeton av., Trenton
Farmer, Walter D., 28 S. Main st., Allentown
Fessler, A. James, 1544 S. Broad st., Trenton
Fine, Sydney G., Army
Finegan, Paul J., Army
Finkle, Lester J., Army
Fiorello, Joseph R., 689 Princeton av., Trenton
Flnck, David A., Army
Forer, Robert, Army
Franzoni, Andrew E., Army
Friedman, Max, 849 W. State st., Trenton
Friedman, Meyer H., 526 N. Clinton av., Trenton
Friedmann, Leonard L., 484 Princeton av., Trent'n
Fuchs, Jacob N., 1267 S. Broad st., Trenton
Garwood, Norman W., Main st., Crosswicks
Gindhart, John H., Navy
Goldberg, Benjamin M., 1156 E. State st., Trenton
Goldman, Leo L., 325 Market st., Trenton
Graham, Ernest E., Army
Guglielmelli, Angelo D., 449 Hamilton av., Trent'n
Guidotti, Frank P., Army
Hafetz, M. Morris, 114 Centre st., Trenton
Haggerty, D. Leo, 227 N. Warren st., Trenton
Hammell, Frank M., Navy
Haney, John J., 850 Hamilton av., Trenton
Harman, James R., 824 W. State st., Trenton
Harman, William J., 740 W. State st., Trenton
Harrop, George A., 33 Cleveland lane, Princeton
Hess, George A., Army
Hiden, Joseph C., 199 Nassau st., Princeton
Hirschfield, Bernard A., Army
Horhovitz, George I., Army
Hunter, Floyd D., Army
Hutchinson, A. Dunbar, 913 W. State st., Trenton
Hutchinson, Geo. F., 55 Mercer st., Hamilton Sq.
Ivins, William C., 455 W. State st., Trenton
James, J. Thomas, Army
Janoff, Henry, 626 Perry st., Trenton
Jaspan, Samuel C., 820 Division st., Trenton
Johnson, John F., 113 Abernethy dr., Trenton
Kachdorian, Vartan, 935 Brunswick av., Trenton
Kinczel, John A., 971 S. Broad st., Trenton
Klempner, Paul, 637 Greenwood av., Trenton
Kline, Joseph J., 733 Hamilton av., Trenton
Kohn, Joseph J., Army
Kohn, Ralph B., Navy
Kondor, Joseph S., Army
Koplin, Nathaniel H., 142 W. State st., Trenton
Kustrup, John F., 1418 S. Broad st., Trenton
Lapin, Louis P., Army
Lapin, Samuel B., Army
Larsson, Evert A., Navy
Lavine, Barney D., 630 N. Clinton av., Trenton
Lavine, Sidney B., 144 W. State st., Trenton
Leshin, Harry, 564 S. Main st., Hightstown
Lettiere, Anthony J., 425 E. State st., Trenton
Levin, Louis, 651 W. State st., Trenton
Levy, Irvin, 222 W. State st., Trenton
Light, Arthur B., Lawrenceville Sch'l, Lawr'nc'v'le
Little, William R., 493 W. State st., Trenton
Lloyd, Samuel J., Army
Lynch, Donald C., 885 Stuyvesant av., Trenton
MacDermid, Lynden E., 506 Farnsw'th av.,Bordent'n
Magee, Harold S., New Jersey State Hosp., Trenton
Magson, Albert E., 302 S. Main st., Hightstown
Majeski, Henry J., 930 Brunswick av., Trenton
McCandliss, Wm. K., N. J. State Hospital, Trenton
McCarthy, Wm. P., Army
McCullough, John H., 523 E. State st., Trenton
McGuigan, Francis A., 212 N. Warren st., Trenton
Means, Paul B., N. J. State Hospital, Trenton
Miller, Earle K., 2502 Nottingham way, Trenton
Miller, Gerald H., N. Main st., Cranbury
Miller, Reginald C., Army
Miller, Samuel R., Army
Minschwaner, George G., Jr., Army
Mitchell, Charles H., 1100 W. State st., Trenton
Mitskas, Theo. V. J., 1329 Greenwood av., Trenton
Morieoni, Albert F., Army
Mountford, Wm. E., 215 N. Warren st., Trenton
Munro, Jeannette, 2 Queenston pl., Princeton
Murphy, James A., 312 Bellevue av., Trenton
Murto, Thomas V., 117 Buckingham av., Trenton
Nayfield, Romald C., 974 S. Broad st., Trenton
Nonziato, Frank A., 50 Centre st., Trenton
North, Harry R., 160 W. State st., Trenton
Ogden, Andrew E., 1829 Greenwood av., Trenton
O'Neill, Joseph F., 41 E. Broad st., Hopewell
O'Rourke, James J., 871 Stuyvesant av., Trenton
Pantaleone, Joseph, 504 Hamilton av., Trenton
Parker, Horace N., 72 N. Clinton av., Trenton
Pessel, Johannes F., 224 W. State st., Trenton
Peterson, Walter R., 312 W. State st., Trenton
Pierson, Carl L., 395 W. State st., Trenton
Pierson, Joseph R., Army
Pinerman, Robert B., 308 W. State st., Trenton
Pittman, Allen R., N. J. State Hospital, Trenton
Potter, Ellen C., 301 W. State st., Trenton
Powis, Ethel M., 198 W. State st., Trenton
Poyas, Morton L., 306 W. State st., Trenton
Preece, John D., Army
Proctor, Francis E., 332 W. State st., Trenton
Purcell, Ernest F., 800 Stuyvesant av., Trenton
Ragany, Joseph, 966 S. Broad st., Trenton
Rainey, Willard G., Navy
Rampona, Joseph M., Army
Reisinger, Paul B., 369 W. State st., Trenton
Rita, James J., 235 S. Clinton av., Trenton
Rogers, Laurence H., Donnelly Mem.Hosp.,Trent'n
Rose, William G., Army
Rowan, Henry M., 224 W. State st., Trenton
Sackin, Stanley, Army
Salvatore, Joseph T., 306 Chestnut av., Trenton
Salway, Benjamin, 321 S. Broad st., Trenton
Scammell, Frank G., 40 S. Clinton av., Trenton
Scasserra, Benedict B., 163 Nassau st., Princeton
Schildkraut, Jacob M., 170 W. State st., Trenton
Seely, Roy B., 104 N. Clinton av., Trenton
Seitzick-Robbins, H. E., 723 W. State st., Trenton
Sekerak, Albert J., 984 S. Broad st., Trenton
Shear, M. Murray, 1158 E. State st., Trenton
Sica, L. Samuel, 431 E. State st., Trenton
Siemion, Theophilis R., 1005 Brunsw'k av.,Trent'n
Sill, John B., 942 W. State st., Trenton
Silver, E. Drew, 136 Stockton st., Hightstown
Sinton, John Y., Imlaystown
Slack, Clarence J., 230 W. State st., Trenton
Smith, W. Henley, 126 W. State st., Trenton
Snegireff, Leonid S., Army
Sommer, Geo. N. J., 120 W. State st., Trenton
Sommer, Geo. N. J., Jr., Army
Spradley, Jeems B., N. J. State Hospital, Trenton
Stabile, John A., Grand av., W. Trenton
Steel, John M., N. J. State Hospital, Trenton
Stein, Louis A., 226 W. State st., Trenton
Stone, Robert G., N. J. State Hospital, Trenton
Storaci, Frank S., 715 Hamilton av., Trenton
Summers, Alfred D., 180 Nassau st., Princeton
Sutnick, Theodore B., Army
Swern, Nathan, 399 W. State st., Trenton
Swertfeger, Herbert W.,22 N.Greenw'd av.,Hopew'l
Taylor, Walter A., 450 Rutherford av., Trenton
Tenney, Luman H., Navy

Tomec, Otto C., Army
Treiber, Benjamin A., 219 W. State st., Trenton
Urbaniak, Henry S., 883 Brunswick av., Trenton
Vaczi, Stephen, 983 S. Broad st., Trenton
Vanneman, Joseph S., 45 Princeton av., Princeton
Vento, Sebastian J., Army
Vol-Tretter, Marta, 501 W. State st., Trenton
Waldron, Edward L., Army
Walsh, Thomas J., Army
Warter, Peter J., 717 W. State st., Trenton
Waters, Chas. H., 928 W. State st., Trenton
Watov, Samuel E., Army
Watson, Fred'k S., 238 W. State st., Trenton
Watts, Wilbur, 436 E. State st., Trenton
Wayman, Bernard R., Army
West, Edgar L., 443 E. State st., Trenton
Wiesler, Howard M., Drawer N, Trenton
Wikoff, John L., Army
Williams, Harry D., 527 E. State st., Trenton
Wilner, Arthur S., 205 Market st., Trenton
Wilner, Irving, Army
Wittenborn, W. F. J., 1635 Brunswick av., Trenton
Wolff, Herbert M., Army
Yaeger, Leslie A., Army
York, Wilbur H., 87 Battle rd., Princeton
Zimskind, Joshua N., 210 W. State st., Trenton

Number of Active Members and basis of representation, 242.

ASSOCIATE MEMBERS

Bernstein, Bertram M., Army
Bird, Ivan F., Army
Boudwin, Norman K., Army
Charnock, Maurice P., Army
Folmer, Edward R., 730 S. Olden av., Trenton
Franklin, Charles M., 56 Elm rd., Princeton
Gribbin, James A., Army
Irmisch, George W., Army
Pepe, Salvatore A., Army
Rowland, Edward G., N. J. State Hospital,Trenton
Seaton, Stuart P., 45 Vandeventer av., Princeton
Shaver, Kenneth L.,119 Knickerb'ker av.,Roebling
Silver, George A., Jr., Army
Smith, Frank W., 122 N. Gouveneur av., Trenton
Tretter, Hans L., 501 W. State st., Trenton
Usher, Glenn S., U. S. P. H. S.
Wilson, Joseph G., N. J. State Hospital, Trenton

HONORARY MEMBERS

Fell, Alton S., Trenton
Gordon, Clark H., Trenton
MacFarland, Burr W., Trenton
Pierson, Theodore A., Hopewell
Turner, Irvine F. P., Titusville
Wright, Howard E., Princeton

MIDDLESEX COUNTY (12)

Society organized June 11, 1816. Meets on the third Wednesday of each month, October to June, inclusive. Annual Meeting in December.

ACTIVE MEMBERS

Adler, Howard E., 103 Livingston av., New Bruns.
Anderson, John F., 195 College av., New Bruns'k
Avery, Philip S., Woodland ter., Bound Brook
Balogh, William A., Army
Barbano, Alfred J., Army
Barnett, Lester A., 96 N. Main st., Milltown
Bassett, Lavern C., 320 New Market rd., Dunellen
Belafsky, Henry A., Army
Berkow, Samuel G., Navy
Bowman, Ned O., Navy
Boyt, Theodore, Navy
Breslow, Samuel, 157 Market st., Perth Amboy
Brown, Fred'k L., 67 Livingston av., NewBr'nsw'k
Burnett, Charles B., 109 Main st., South River
Calvin, Charles H., 80 Commerce st., Perth Amboy
Carr, Alexander M., S. Main st., Metuchen
Clarke, Francis M., 116 New st., New Brunswick
Cole, Nathan B., Navy
Cooper, Irving J., Army
Cooperman, Eli L., 527 New Brunswick av., Fords
Copleman, Benjamin, Army
Copleman, Hyman B., Army
Cottrell, Judson G., 159 Market st., Perth Amboy
Cronk, Edwin I., 57 Livingston av., New Brunsw'k
Csema, Emery J., 151 Somerset st., New Brunsw'k
Degenhardt, Ira H., Army
Dieker, Howard E., Army
Donlan, Francis A., 267 Amboy av., Metuchen
Downing, Perley E., Sedgwick st., Jamesburg
Downs, Louis S., Army
Dunham, Malcolm M., Navy
Duschock, Edward F.,188 Wash'g'n st.,P'thAmboy
East, Isaac C., Army
Eulner, Elmer H., 216 Henry st., South Amboy
Fagan, James L., 51 Bayard st., New Brunswick
Fanelli, Antonio, 494 Compton av., Perth Amboy
Faulkingham, Ralph J., 61 Liv'gst'n av.,NewBrns.
Fazio, Vincent J., 139 Bridge av., Red Bank
Feher, Ladislas A. M., 177 Somerset st., New Brns.
Fine, Hyman P., 151 Market st., Perth Amboy
Fine, Irvin J., Army
Fishkoff, Alexander H., 132 Market st.,P'thAmboy
Fithian, George W., 266 High st., Perth Amboy
Forney, Norman N., 94 N. Main st., Milltown
Forney, Norman N., Jr., Stelle av., Milltown
Friedenthal, Bernard, Army
Gadek, Stanley A., Army
Gadek, William V., Army
Gauzza, Valentine P., 505 New Brunsw'k av.,Fords
Gessner, Gerard R., Army
Glasser, Benjamin F., Army
Gobel, Stanley J., 79 Talmadge av., Middlesex Boro
Goldberg, Harry C., 690 Stelle av., Plainfield
Goldman, Solomon, 77 Livingston av.,NewBr'nsw'k
Greenwood, Wm. R., 118 Somerset st.,NewBr'ns'k
Grieve, James, 88 Market st., Perth Amboy

Gurshman, Sol, Army
Gutowski, Jos. M., 433 Brace av., Perth Amboy
Haight, Harry W., 118 Raritan av., Highland Park
Hauber, Eugene A., 198 Washington rd.,Sayreville
Haywood, Henry, 49 Paterson st., New Brunswick
Henry, Frank C., Jr., 214 Smith st., Perth Amboy
Hesseltine, Clair E., Navy
Hilker, George F., 258 Maple st., Perth Amboy
Hinton, Samuel H., 123 Main st., Sayreville
Hofer, Clarence J. M., 463 Main st., Metuchen
Hoffman, Charles W., 261 Henry st., South Amboy
Hoffman, Florentine M., 91 Bayard st., New Brns.
Howell, E. Gaylord, 120 New st., New Brunswick
Howley, Barth, Jr., Navy
Hunt, Melvin M., 140 Jackson st., South River
Hutner, Cyril I., Navy
Jablonski, John J., Army
Jacobson, Murray B., Army
Karshmer, Nathan, Army
Kay, Albert E., 221 High st., Perth Amboy
Kelly, Leo J., Navy
Kemeny, Imre, 48 Pulaski av., Carteret
Kleiber, Estelle E., 131 Livingston av.,NewBruns.
Klein, Alexander, 215 High st., Perth Amboy
Klein, Edward F., 136 Market st., Perth Amboy
Klein, William, 85 Bayard st., New Brunswick
Kler, Joseph H., 151 Livingston av., New Bruns'k
Koelsch, Fred'k J., 14 Kirkpatrick st., NewBruns.
Kohut, George J., Army
Krafchik, Louis L., Army
Kramer, Bernard M., Navy
Kramer, Samuel E., 254 State st., Perth Amboy
Lang, Joseph, Army
Lavine, Samuel C., Army
Lazow, S. Manlius, Navy
Leonard, George F., 63 N. 5th av., Highland Park
Levinson, Reubin, Army
Lewis, Collins E., 219 Seaman st., New Brunswick
Lief, Lawrence H., Gatzmer av., Jamesburg
London, William, 255 State st., Perth Amboy
Long, Pauline A., 22 Livingston av., New Bruns'k
Lucey, James J., Navy
Mangogna, Philip, 334 Barclay st., Perth Amboy
Mann, Benjamin, Army
Mann, Jacob J., 255 State st., Perth Amboy
Margaretten, Edward I., 263 High st.,PerthAmboy
Mark, Joseph S., 102 Green st., Woodbridge
Marvin, Dorothy H., 51 Livingston av., New Brns.
McCormick, Wm. H., Jr., 266 Market st., P'thAmboy
McGovern, John F., Jr., 24 Liv'gst'n av.,N'wBr'ns'k
McKiernan, Robt. L., 97 Bayard st., New Brunswick
McKinstry, John W., Railroad av., Jamesburg
McLeod, Neill S., 729 Raritan av., Highland Park
Meacham, Eugene A., 112 Stevens av., So. Amboy
Meinzer, Martin S., 147 Market st., Perth Amboy
Messinger, Samuel, 31 Roosevelt av., Carteret
Miller, George M., Army
Miller, S. David, Army
Morris, Carlyle, Army
Nafey, Herbert W., 51 Livingston av., NewBruns'k
Naulty, Chas. W., Jr., 403 High st., Perth Amboy
Nieman, Solomon Z., 191 Livingston av.,NewBr'k
Normand, Alphonse F., Army
O'Connell, James J., Navy
Panigrosso, Louis R., Navy
Pansy, Abraham A., 12 Jackson st., South River
Pellicane, Anthony J., Army
Platt, Thomas H., 307 N. Washington av.,Dunellen
Reason, John J., 612 Roosevelt av., Carteret
Reitman, Norman, Army
Richlin, Padie, Army
Rineberg, Irving E., Navy
Rona, Maurice, 10 Kirkpatrick st., New Brunsw'k
Rothfuss, C. Howard, 574 Rahway av.,Woodbridge
Rothschild, Karl, 149 Livingston av., New Bruns'k
Rowland, John H., 159 New st., New Brunswick
Rubin, Benjamin, Army
Rubin, William, Army
Runyon, Laurence P., 80 Somerset st.,NewBruns'k
Salaky, William L., 387 Neville st., Perth Amboy
Sandella, Jos. F., 138 Livingston av.,NewBrunsw'k
Saulsberry, Chas. E., 75 Livingston av.,NewBruns.
Schirber, Rene G., Army
Scott, Frederick W., 103 Bayard st., New Bruns'k
Sender, Fannie, 193 Main st., South River
Shayevitz, Abraham S., 102 Main st., South River
Sherman, Wm. E., 88 Schureman st., New Bruns'k
Shull, John V., 184 Kearny av., Perth Amboy
Siegel, Isadore, 121 Market st., Perth Amboy
Silk, Charles I., 236 High st., Perth Amboy
Slobodien, Benjamin F., 233 High st., P'th Amboy
Smith, A. L. Marshall, 62 Bayard st., New Bruns'k
Smith, Ivan B., Georges rd., Dayton
Smith, John A., 106 Main st., South River
Smith, John V., 463 State st., Perth Amboy
Smith, Joseph A., Roosevelt Hospital, Metuchen
Smith, Percy L., Army
Smith, Sydney, Army
Sokoloff, Oscar J., Army
Spencer, Ira T., 152 Main st., Woodbridge
Spritzer, Theodore D., Army
Steffens, Charles T., Army
Stein, William, Army
Sullivan, Chas. J., 57 Paterson st., New Brunsw'k
Szuch, Nicholas, 159 Main st., South River
Taber, Frederick S., Army
Tisch, Leon, 437 Raritan av., Highland Park
Toy, Calvert R., Army
Tucker, Sidney, Army
Tyrrell, George W., 380 State st., Perth Amboy
Uhr, Jacques S., 127 Livingston av., New Bruns'k
Ulan, Jerome, Main st., Spotswood
Urbanski, Adrian X., 148 Market st., Perth Amboy
Urbanski, Matthew F., 314 Wash'gt'n st.,P'hAmb'y
van Dyke, Harry B., 501 Central av., Stelton
Vargyas, Joseph C., 116 New st., New Brunswick
Walker, Robert B., 108 Church st., New Brunsw'k
Walters, George M., 158 Main st., Woodbridge
Wantoch, Joseph, 14 Carteret av., Carteret
Weber, John F., 264 Main st., South Amboy
Weiner, Henry T., 111 Market st., Perth Amboy
Wetterberg, Louis F., 74 Grove av., Woodbridge
White, Harry J., Roosevelt Hospital, Metuchen
Wiesenfeld, Benjamin, U. S. P. H. S.
Wilentz, Wm. C., 188 Market st., Perth Amboy
Witmer, John D., 456 Middlesex av., Metuchen

Number of Active Members and basis of representation, 182.

ASSOCIATE MEMBERS

Forrest, Henry, Army
Gereben, Arpad G., 511 Rahway av., Woodbridge
Idelcowitz, Marie, 113 Washington st., So. River
Lind, Zoltan H., Middlesex Gen. Hosp.,NewBr'n'k
Racz, George, Army
Van Mater, John S., Navy

HONORARY MEMBERS

Applegate, Grover T., New Brunswick
Collins, James J., Woodbridge
Henry, Frank C., Perth Amboy
Lund, John L., Perth Amboy
Tyrrell, George W., Perth Amboy
Spencer, Ira T., Woodbridge
Van Dyke, Benjamin S., Cranbury
Voorhees, Howard C., New Brunswick

MONMOUTH COUNTY (13)

Society organized July 24, 1816. Meets on fourth Wednesday of each month from September to June, inclusive. Annual Meeting in April.

ACTIVE MEMBERS

Albright, Louis F., 118 Madison av., Spring Lake
Altschul, Frank J., Army
Andrews, Thomas H., 111 Main st., Matawan
Baeseman, R. Winfield, 501 Grand av., Asbury P'k
Baker, Elsworth F., N. J. State Hosp., Marlboro
Bar, Samuel, Army
Becker, Sidney D., 140 Maple pl., Keyport
Binder, Joseph, 101 Third av., Long Branch
Blaisdell, C. Byron, Navy
Bornstein, Paul K., Army
Boyd, John B., 31 Oakland st., Red Bank
Bregman, Milton, 81 Union av., Manasquan
Brindle, Harry R., 501 Grand av., Asbury Park
Brown, Edith L., 340 Garfield av., Avon
Brown, Harvey S., 5 Club pl., Freehold
Brown, Kenneth G., 501 Grand av., Asbury Park
Burkhead, Howard C., 177 Garfield av.,LongBr'ch
Campbell, Wm. K., 96 Third av., Long Branch
Captanian, Aram A., Army
Carey, David S., 11 E. Main st., Freehold
Carter, Joseph F. S., 142 Atkins av., Asbury Park
Casagrande, Stephen R., Army
Ciampa, Ralph P. E., Army
Clark, John C., Army
Colby, Maxwell X., Army
Coleman, Peter F., 80 Monmouth rd., Oakhurst
Costa, Philip L., Army
Delcau, Jules, 56 W. Main st., Freehold
dePons, Sarah C., 501 Grand av., Asbury Park
DeVita, Anthony J., Wilson av., Port Monmouth
Diamond, David I., Oceanport av., Oceanport
Dorr, Henry B., 87 Washington st., Long Branch
Duvall, Albert I., N. J. State Hospital, Marlboro
Edelson, Samuel, Army
Ellenson, Solomon S., 507 4th av., Asbury Park
Featherston, Daniel F., Army
Feinberg, Harry D., Army
Feman, J. George, 141 Main st., Keansburg
Fenton, Tennant E., Army
Fisher, James A., 501 Grand av., Asbury Park
Freedman, Harold H., 63 W. Main st., Freehold
Gesswein, Carl A., 35 Church st., Matawan
Glazer, Edward, 550 Cookman av., Asbury Park
Goff, Frank J., Army
Gordon, J. Berkeley, N. J. State Hosp., Marlboro
Graves, Charles C., Jr., Navy
Haines, Emerson S., Army
Halbstein, Bernard M., Army
Hancock, Michael Q., Army
Hardy, John W., Army
Hausman, Samuel W., 50 W. Front st., Red Bank
Heatley, William, Navy
Herrman, Wm. G., 501 Grand av., Asbury Park
Heymann, Ernest F., 345 Broad st., Red Bank
Hindle, F. Lawton, 145 Maple av., Red Bank
Hodas, Sidney M., Army
Holman, Francis W., Army
Holters, Otto R., 1002 Emory st., Asbury Park
Ingling, Harry W., 51 W. Main st., Freehold
Jamison, Wm. F., 501 Grand av., Asbury Park
Jones, Granville L., N. J. State Hospital, Marlboro
Jordan, Alexander D., 238 E. Main st., Manasquan
Jordan, Joseph C., Army
Kanses, Edmund S., Army
Kazmann, Harold A., Navy
Knapp, Victor, 505 Second av., Asbury Park
Krohn, Marc, Campbell av., Belford
Leonard, Lothair L., 615 Asbury av., Asbury Park
Levin, Jack, Army
Lorenzo, Michael J., Army
Lussier, Georges H., N. J. State Hosp., Marlboro
MacKenzie, Robt. A., 501 Grand av., Asbury Park
Maher, John E., 90 3rd av., Long Branch
Makin, John B., 501 Grand av., Asbury Park
Manahan, Daniel V., 55 E. Front st., Red Bank
Martin, Leonard J., Army
Mason, Howard B., Navy
McCreight, David W., Army
McDonnell, George J., Army
McKelvie, Julius C., 55 Rockwell av., Long Branch
McTague, Robt. S., 88 3rd av., Atlantic Highlands
Metzger, Karl F., 401 5th av., Belmar
Miele, Frank A., 314 Carr av., Keansburg
Miller, S. Thomas, Army
Mohair, John P., Navy
Murphy, Chas. M., 21 Main st., Farmingdale
Neiderhoffer, Sydney L., 469 Br'dway, LongBr'nch
Nichols, Stanley H., 517 Broadway, Long Branch
Niemtzow, Frank, Army
Osborn, A. Downey, 519 Sixth av., Belmar
Parker, James W., 175 Shrewsbury av., Red Bank
Parry, Oliver K., 601 Bangs av., Asbury Park
Pattenden, Franklin J., 300 2nd av., Asbury Park
Perrine, Cornelius C., Navy
Perrotta, Anthony J., Army
Picper, Howard C., Navy
Pietri, Raoul, 501 Grand av., Asbury Park
Pignataro, Frank P., Army
Pleasants, Edward N., Army
Podell, A. Alfred, Army
Pons, Carlos A., Army
Pregnall, James P., 501 Grand av., Asbury Park
Quirk, Martin A., Navy
Raffetto, Joseph F., Navy
Reynolds, Donald G., Army
Reynolds, George G., 64 W. Main st., Freehold
Robinson, Ernest A., 149 Atkins av., Asbury Park
Robinson, Wm. A., 62 Main av., Ocean Grove
Rosenthal, Abraham, Army
Rubin, Adrian D., 401 1st av., Asbury Park
Rubin, Harold, Army
Rullman, Walter A., 58 W. Front st., Red Bank
Sacco, Gregory E., 191 Broad st., Red Bank
Sayre, William D., Box 202, Red Bank
Schlossbach, Theodore, Navy
Schmidt, Albert F., Navy

Scott, Elmer A., 2020 10th st., N., St.Petersb'g,Fla.
Sewell, Stephen, 320 Passaic av., Spring Lake
Shanik, William, Army
Slocum, Harry B., 263 Bath av., Long Branch
Stevenson, Geo. S., West Front st., Red Bank
Stewart, Edwin F., 94 Fairhaven rd., Fair Haven
Strahan, Frank G., 473 Broadway, Long Branch
Straughn, Clinton C., 23 Monmouth st., Red Bank
Strauss, Arthur, 130 Pavilion av., Long Branch
Thomas, Harry G., 1113 5th av., Asbury Park
Trippe, Clarence M., 702 Asbury av., Asbury Park
Trippe, Morton F., Army
Upham, Helen F., 305 Third av., Asbury Park
Villapiano, Jos. G., 701 Sunset av., Asbury Park
Von Oehsen, Wm. H., 409 5th av., Bradley Beach
Wainright, Melvin A. R., Army
Wilbur, Franklin L., 515 Eighth av., Asbury Park
Wilkins, Stanley O., Army
Wilson, Robert B., 91 Broad st., Red Bank
Woodruff, Ralph G., Main st., Englishtown
Woronoff, Murray, Army

Number of Active Members and basis of representation, 137.

HONORARY MEMBER

Ransohoff, Nicholas S., Long Branch

MORRIS COUNTY (14)

Society organized June 11, 1816. Meets on the third Thursday in October, December, March and June. Annual Meeting in June.

ACTIVE MEMBERS

Ackermann, Edward, 5 Richards av., Dover
Alcaro, Joseph A., 16 W. Blackwell st., Dover
Atkinson, John M., Army
Baker, Augustus L., 389 W. Blackwell st., Dover
Ballard, William C., Army
Beaver, Jennie D., 44 Elm st., Morristown
Benz, Francis J., Army
Bertha, Nicholas A., Army
Bird, Frank L., Main st., Netcong
Blanchard, Charles L., 28 E. Blackwell st., Dover
Bobadilla, Juan E. B., Army
Booth, William K., Army
Bowers, F. Clyde, Mountain av., Mendham
Byrne, J. Arthur, 16 Elm st., Morristown
Cohen, Oscar H., 115 Church st., Boonton
Collins, Laurence M., N.J.State Hosp.,Gr'yst'neP'k
Comeau, Geo. W., 415 Speedwell av., Morris Plns.
Cook, Dora G., 135 Cornelia st., Boonton
Costello, William F., 55 W. Blackwell st., Dover
Coultas, Aldo B., 1 Madison av., Madison
Crandell, C. Archie, Army
Cummins, Ella F., 39 Elm st., Morristown
Curry, Marcus A., N.J. State Hosp.,GreystonePark
DeFelice, Mario T., Army
Deichman, Charles H., Navy
DeRosa, Louis, Main av., Stirling
Dochtermann, Warren P., Army
Earp, Ruth, 15 Olcott av., Bernardsville
Eckhardt, Ralph A., 50 Green Village rd., Madison
Emory, George B., Jr., Army
Evans, Edgar J., Navy
Failmezger, Theodore R., Army
Falvello, Nicholas A., 28 Wetmore av., Morristown
Ferriss, Ruth B., 51 Maple av., Morristown
Forbes, John S., Jr., Navy
Frost, Inglis F., 181 South st., Morristown
Gantt, Margaret H., 43 Hillcrest rd., Madison
Geary, Daniel J., 40 Maple av., Morristown
Gebirtig, Theodore, Army
Gibb, W. Blake, 26 Maple av., Morristown
Gilbertson, Robert L., Army
Glazebrook, Francis H., "HoneysuckleW'ds,"Rumson
Gordon, Charles D., Mt. Arlington
Graddick, Lester W., 22 Sussex av., Morristown
Grant, William J., 69 S. Morris st., Dover
Gregory, Marie F., 50 Green Village rd., Madison
Harrington, J. Henry, Army
Hatch, Harold S., Shonghum Sana., Morristown
Haven, Samuel C., 14 Elm st., Morristown
Hiler, Stuart A., Navy
Hogan, Marshall D., 311 W. Main st., Boonton
Hubert, Antonio O., 131 E. Main st., Rockaway
Johnston, Julian F., 21 Van Doren av., Chatham
Judd, Wilbur M., N. J. State Hosp., GreystonePark
Kessler, Edward I., N.J. State Hosp.,Greystone P'k
King, Alden P., 400 W. Blackwell st., Dover
Kinkead, Hilda, 6 Grove st., Madison
Knowles, Frederick E., 103 Church st., Boonton
Kossmann, Walter J., Long Valley
Krauss, Fletcher I., 407 Main st., Chatham
Kuite, George B., Army
Larson, Henry M., 35 Franklin st., Morristown
Landig, Guy H., Army
Loksa, Harold T., Army
Luippold, Eugene J., Jr., Army
Mathews, Raymond H., 186 South st., Morristown
McCluskey, Harry B., Army
McElroy, Ervin, 20 Main st., Rockaway
McMahon, Bernard C., 15 James st., Morristown
McMurray, Geo. B., N.J. State Hosp.,Gr'yst'ne P'k
Mills, Clifford, 36 Maple av., Morristown
Musetto, Carmelo A., Navy
Mutchler, H. Raymond, 153 E. Blackwell st.,Dover
Navazio, Attilio, Army
Nicoll, George L., Navy
Palazzo, William L., Army
Parry, Allen A., Army
Parry, Antoinette R., 46 Green Village rd.,Madison
Pinckney, Frank H., 186 South st., Morristown
Plume, Clarence A., Main st., Succasunna
Pollock, Samuel L., Army
Pottinger, Wm. E., 6 Altamont court, Morristown
Prager, Bert A., 511 Main st., Chatham
Renna, Francis, Whippany road, Whippany
Rice, Franklin W., 184 South st., Morristown
Riley, Philetus H., Army

Rubens, Otto, 27 E. Blackwell st., Dover
Rubin, Samuel, Army
Ryman, Merlin T., 5 Dunbar st., Chatham
Saltus, Lloyd S., Army
Scott, Harold R., 10 Speedwell av., Morristown
Seward, Frederic H., 40 Green Village rd.,Madison
Shanik, Morton J., 83 S. Main st., Wharton
Sherman, Benjamin, Army
Sherman, Byron G., 52 Maple av., Morristown
Smith, Malcolm K., 22 Madison av., Morristown
Spencer, Alvan, 395 W. Blackwell st., Dover
Stage, Earl DeW., Army
Talmage, William G., Army
Taylor, Malcolm C., Navy
Terreri, D. Joseph, Army
Teskey, Stanley, 10 Anderson rd., Bernardsville
Thomas, Thomas S., Jr., 18 Elm st., Morristown
Van Sickle, Albert W., Army
von Deilen, Henry O., 28 DeHart st., Morristown
Voss, J. Landon, Army
Ward, Albert J., 39 Elm st., Morristown
Washburn, Philip C., N.J. StateHosp.,Gr'stoneP'k
Weiss, Herman, Aurora Institute, Morristown
Williams, David P., Army
Williams, Louis E., 80 Green av., Madison
Woodman, Charles B., Army
Young, George J., 60 Maple av., Morristown
Zimmerman, Robert F., 28 Wash'gton av.,M'rrist'n
Zuck, John A., Main st., Netcong

Number of Active Members and basis of representation, 115.

HONORARY MEMBERS

Coultas, Aldo B., Madison
Glazebrook, Francis H., Rumson
Haven, Samuel C., Morristown
Knowles, Frederick E., Boonton
Mills, Clifford, Morristown
Plume, Clarence A., Succasunna
Prager, Bert A., Chatham
Seward, Frederick H., Madison

OCEAN COUNTY (15)

Society organized October 28, 1903. Meets on second Wednesday of each month except July and August. Annual Meeting in May.

ACTIVE MEMBERS

Appleton, Ralph, Lincoln av., Point Pleasant
Buermann, Robert, 206 Madison av., Lakewood
Bunnell, Frederick N., 22 S. Main st., Barnegat
Carmona, L. Roberto, 141 Wood st., Tuckerton
Dodd, Wm. E., Ocean st. & Bay av., Beach Haven
Falkinburg, LeRoy W., Army
Fox, Samuel W., Breton Woods
Frazee, Wm. H., Jr., Army
Gaumer, George W., Army
Goldstein, Abraham, 404 Madison av., Lakewood
Hayden, Walter G., 504 Main st., Toms River
Henriksen, J. Bruce, Army
Herbener, Eugene G., 423 Third st., Lakewood
Hogan, James J., Navy
Ivory, Harry S., Navy
Joy, Ernest H., Navy
Lehmacher, Frank, 16 Central av., Lakewood
Menge, Carl H., 236 Washington st., Toms River
Neiman, Watson E., Army
Nyvall, Pierre J., Army
Pecora, Carmine L., 212 Wash'gton st.,TomsRiver
Rinzler, Harvey, Army
Sawyer, Blackwell, 109 Wash'gton st., Toms River
Schneider, Clinton R., Army
Sickel, Emanuel M., Army
Smith, Edward C., Army
Szold, Norman F., Army
Taylor, Raymond A., Army
Tilles, Samuel, Army
Witte, C. Norman, 422 River av., Point Pleasant

Number of Active Members and basis of representation, 30.

PASSAIC COUNTY (16)

Society organized January 14, 1844; Society chartered November 14, 1843. Meets on third Tuesday of each month except June, July, and August. Annual Meeting in May.

ACTIVE MEMBERS

Ackerhalt, Martin J., 408 Clifton av., Clifton
Allen, Arthur A., 365 Park av., Paterson
Allen, Edwin J., Army
Allen, James M., Navy
Alpren, Bernard F., Army
Andrews, Albert G. K., 75 Tulip st., Passaic
Apter, Abraham H., Army
Ash, Frank W., 180 Carroll st., Paterson
Atwood, Edward A., 360 Park av., Paterson
Averbach, Jacob, Navy
Balles, Edward S., Army
Barlow, Frank A., Navy
Barolsky, Benjamin, Army
Barr, Joseph, Army
Baxt, Sidney J., 544 21st av., Paterson
Becker, Frank F., 298 Diamond Br.av.,Hawthorne
Becker, George L., Navy
Becker, Leo V., 69 Ward st., Paterson

Bender, Theodore, 666 Broadway, Paterson
Benjamin, Joseph F., Navy
Bergin, Joseph V., 315 Broadway, Paterson
Berk, M. David, Army
Berkhout, Peter G., 106 Haledon av., Prosp'ctP'k
Bernson, Samuel T., 33 Bartholf av., PomptonLks.
Beshlian, Hagop K., 7 Lee pl., Paterson
Biczak, Arkad K., Navy
Blake, Albert J., Army
Bohl, Louis J., 320 Broadway, Paterson
Bongiorno, Henry D., 516 River st., Paterson
Bonynge, Henry A., 123 Prospect st., Ridgewood
Bornstein, David, 80 Carroll st., Paterson
Botbyl, Burt W., 927 Madison av., Paterson
Boylan, Lawrence B., 630 Main st., Paterson
Brancato, Peter, 17 Church st., Paterson
Brogan, Francis B., Army
Bromberg, Chas. B., 107 Lexington av., Passaic
Brooks, Sidney S., 380 12th av., Paterson
Brown, John H., 43 Market st., Passaic
Budd, J. Reuben, 379 Clifton av., Clifton
Bullen, Victor E., 148 Hamilton av., Paterson
Butterfield, Arey A., 655 Main av., Passaic
Calligaro, Egildo A. ,75 Clifton av., Clifton
Capell, Harry H., 302 Broadway, Paterson
Carlisle, John H., 129 Prospect st., Passaic
Carlough, David J., 426 Ellison st., Paterson
Catanzaro, Francesco, 151 Jefferson st., Passaic
Chapman, Walter I., Navy
Chapnick, Maurice M., 117 Paterson st., Paterson
Charney, William, Army
Cherry, Homer H., Valley View Sana., Paterson
Chester, Saul W., 634 Broadway, Paterson
Chilton, Forrest S.,Newark-Pmptn.Tpk.,Pmptn.Pl'ns
Chrisman, Irving, 423 Broadway, Paterson
Chudzik, Edward W., Army
Churg, Jacob, Navy
Ciccone, Anthony C., 389 Grand st., Paterson
Clark, Orlo H., Navy
Close, Byron H., Army
Cohen, Julian, 592 E. 29th st., Paterson
Cohen, Louis, 257 Paulison av., Passaic
Cohen, M. Marvin, Army
Cohn, Isidor, 231 Lexington av., Passaic
Cole, L. Frank, Navy
Connolly, Joseph P., Navy
Conserva, Peter V., Navy
Cortese, Alvin E., 26 Ward st., Paterson
Cotton, Norman T., 219 Graham av., Paterson
Cremens, John F., 144 Carroll st., Paterson
Crescente, Fred J., 827 Madison av., Paterson
Crounse, David R., 84 Broadway, Passaic
Curtis, A. Maurice, 445 Van Houten st., Paterson
Davis, A. Hobson, Paterson Gen. Hosp., Paterson
Dawson, Harry, Navy
DeBell, Peter J., 65 Summer st., Passaic
DeGrace, Francis H., Army
Deich, Samuel R., 162 Lexington av., Passaic
Delario, Anthony J., 294 Broadway, Paterson
Del Mauro, Alphonse, Army
DeMattia, Michael, 71 Ward st., Paterson
DeRosa, Armand, Army
Desmet, Victor F., 324 Broadway, Paterson
De Yoe, Leon E., 602 Broadway, Paterson
Dingman, Norman M., 330 Broadway, Paterson
Doktor, David, Army
Donnelly, Joseph E., Army
Douglass, Stephen A., Valley View Sana.,Paterson
Dow, Robert F., Army
Drake, Daniel E., Union Valley rd., Newfoundland
Duncan, Owsley B., 654 East 28th st., Paterson
Dunning, Walter L., 533 River st., Paterson
Dwyer, Henry E., 261 Madison st., Passaic
Dwyer, William A., 99 Park av., Paterson
Edlkraut, Edward C., Army
Ehrenfeld, Edward, 185 Lexington av., Passaic
Ehrenfeld, Irving, 185 Lexington av., Passaic
Ekings, Frank P., 221 Broadway, Paterson
Esposito, Anthony L., Army
Farkas, Gustav, 255 Harrison st., Passaic
Feigenoff, Israel, 271 Park av., Paterson
Feliciano, Vincent, Army
Fenster, Morton N., 211 Lexington av., Passaic
Fenwick, John R., 196 Lakeview av., Clifton
Ferrary, Paul B., 232 Totowa rd., Totowa
Fielding, William M., 245 Park av., Paterson
Fiering, Abraham M., Army
Fishbein, Elliot, Army
Fisher, Samuel, U. S. P. H. S.
Flitcroft, William, 510 River st., Paterson
Fortuin, Floyd, Army
Fraulo, Louis, 310 Crooks av., Clifton
Freedman, Jacob S., 178 Hamilton av., Passaic
Friedmann, Gustav, Army
Gallardo, Agustin, 61 Lakeside av., Pompton Lks.
Gallo, James S., Navy
Geiger, Harold C., Army
Gelman, Sidney, Army
Giambra, Sante M., 666 Broadway, Paterson
Ginsburg, Samuel, 227 Paulison av., Passaic
Glasgow, Thomas M., 120 Passaic av., Passaic
Gochman, Harry M., 166 Hamilton av., Paterson
Goldenberg, Raphael R., 588 E. 27th st., Paterson
Golding, Harry N., 180 Carroll st., Paterson
Goldman, Sol B., Navy
Gordon, Abel, Army
Gordon, Samuel, Army
Gormley, Cyrus M., 15 Kiel av., Butler
Gould, John H., 92 Monte Vista av., Ridgewood
Graeter, F. Albert, Army
Graham, Archibald F., 42 Park av., Paterson
Graham, Theodore K., 279 Park av., Paterson
Greengrass, Jacob J., 146 Broadway, Paterson
Guarraia, Joseph, Army
Gurnee, Quinby D., Army
Hall, Wayne W., 330 Rock rd., Glen Rock
Halnan, John J., Jr., Army
Hambright, Arthur M., Wyckoff av., Ramsey
Harreys, Chas. W., 153 Prospect st., Ridgewood
Hatem, Elias J., 1046 Main st., Paterson
Hayman, Irving R., Army
Hillmann, Frederick C., Army
Hirsch, Samuel, 118 Lexington av., Passaic
Hollingsworth, H. Hale, 86 First st., Clifton
Holmes, Thomas J. E., 151 Fair st., Paterson
Holster, Stephen G., Navy
Holt, Herman H., 256 Graham av., Paterson
Hughes, J. Vernon, 655 Main av., Passaic
Ianacone, John A., Army
Iraggi, James V., Navy
Izenberg, David, 555 E. 29th st., Paterson
Jackson, Dominick P. D., 24Stevens av.,LittleFalls
Jaffe, Hyman, 149 Broadway, Passaic
Jahn, Albert G., 657 Main av., Passaic
Jani, Frank F., 297 Lexington av., Passaic
Jarmulowsky, Harry, 181 E. 33rd st., Paterson
Jehl, Joseph R., Army
Joelson, Dora, 485 Park av., Paterson
Joelson, Morris S., 577 Broadway, Paterson
Joffe, Philip M., Army
Joffe, Sidney H., Army
Johnsen, Sigurd W., 149 Prospect st., Passaic
Joseph, Morris, 271 Lexington av., Passaic
Kaletkowski, Marion F., Army
Katz, Herbert I., 278 Park av., Paterson
Keating, Charles A., 177 Ellison st., Paterson
Keating, Joseph M., Army
Keller, Michael A., Army
Kennedy, A. Andrew, Navy
Kennedy, Eugene T., 413 Wanaque av.,Pmptn.Lks.

Keppler, Charles, Jr., 723 Allwood rd., Clifton
Kim, Gay B., 703 Main st., Paterson
Kinney, Burton O., 41 Lincoln av., Little Falls
Kleiner, Samuel, 162 Hamilton av., Paterson
Klughaupt, Dorothy K., 49 Passaic av., Passaic
Koenig, Bertram, 311 Broadway, Paterson
Koerber, George, Army
Korman, Arnold, Navy
Kovaleski, Walter A., 77 Market st., Passaic
Kovin, Abraham, 123 Lexington av., Passaic
Krieger, George, Army
Kuhl, John P., 38 Main st., Butler
Laauwe, Harold W., Navy
Labash, Charles S., 83 Quincy st., Passaic
Landaw, Louis, 631 E. 26th st., Paterson
Lang, Richard E., Navy
Lawrence, Arthur C., Main st., Lincoln Park
Lawrence, Elias D., 428 Park av., Paterson
Leach, John E., Army
Lee, Frederick P., 606 E. 27th st., Paterson
Leibovitz, Altan C., 261 Lexington av., Passaic
Lemay, Albert T., Navy
Levendusky, Daniel E., Army
Levine, David B., Army
LeVine, Israel, 215 Broadway, Paterson
Levine, Sidney C., 459 Park av., Paterson
Levinsohn, Sandor A., 656 East 29th st., Paterson
Levy, David, Army
Levy, Herman, 219 Lexington av., Passaic
Liana, Stephen M., Army
Lima, John G., 292 Broadway, Paterson
Linares, A. Carfi, 208 Market st., Paterson
Lipton, Louis, Army
Lobsenz, Nathan P., 294 Broadway, Paterson
Lomauro, James R., 184 Lexington av., Passaic
London, Jules R., 153 Jefferson st., Passaic
Low, Donald B., 529 Broadway, Paterson
Lucent, S. Bell, 2 First av., Little Falls
MacAlister, Wm. W., 171 Carroll st., Paterson
MacGregor, Allan W., 379 Ellison st., Paterson
MacGuffie, Robert N., 657 Main av., Passaic
Mackler, Meyer E., 627 E. 24th st., Paterson
Maclay, Joseph A., 239 Broadway, Paterson
Magnes, Max, Army
Manly, Thomas E., 390 Park av., Paterson
Manzione, Frank A., 500 Union av., Paterson
Maps, Howard L., Country Club Estates, Budd Lk.
Marini, Dominick, 40 Henry st., Passaic
Markel, Albert G., Navy
Markowitz, Louis, 380 Park av., Paterson
Marrocco, William A., Army
Martin, Theodore, Army
Masucci, Alberico, 128 Carroll st., Paterson
Matthews, Leonard M., 655 Main av., Passaic
Mazzarella, Carlo, 237 Broadway, Paterson
McBride, Andrew F., 30 Church st., Paterson
McBride, Andrew F., Jr., Army
McCarthy, George L., Navy
McCue, John B., 118 Lenox av., Pompton Lakes
McDonald, Richard J., 80 Park av., Paterson
McPherson, Malcolm E., Army
Meier, William U., 1062 Ringwood av., Haskell
Meloney, Lester F., 156 Second st., Clifton
Meneve, Alfred D., 373 Broadway, Paterson
Meyers, Francis R., Navy
Michelson, Henry, Army
Missonellie, Wm., 404 Lafayette av., Hawthorne
Mitchell, Charles R., 311 Broadway, Paterson
Monaloy, Morris A., Army
Morici, Theodore, 80 Howe av., Passaic
Morrill, James P., Jr., Army
Moscoe, Harry A., 707 Broadway, Paterson
Mott, Joseph E., Navy
Murn, Charles J., 48 Smith st., Paterson
Neer, William, 308 Woodside av., Ridgewood
Nemirow, Martin, 234 Lexington av., Passaic
Nesbitt, Elizabeth, No. Jersey Tr'n'gSch'l,LittleFalls
Norval, William A., 419 Main st., Paterson
Notkin, Meyer, Army
Noto, Philip, 158 Washington pl., Passaic
Nussbaum, Nathan, Army
Nye, Howard H., 174 Carroll st., Paterson
O'Brian, Dennis M., 154 Lexington av., Passaic
Ogden, Michael A., Passaic General Hosp., Passaic
Okin, Irving, 165 Passaic av., Passaic
Opper, Philip, Army
Oram, Joseph H., 495 Broadway, Paterson
Palma, Nicholas, Navy
Palmer, Francis R., 220 Lexington av., Passaic
Paris, William, Army
Pasternack, Elroy, Army
Patella, Fulvio, 324 Broadway, Paterson
Pernetti, Anthony M., Army
Phelps, James E., 203 Park av., Paterson
Piasecki, Chester A., Army
Piller, Jacob, 213 Broadway, Paterson
Pink, Solomon H., Army
Plinke, Fritz W., 265 Gregory av., Passaic
Polizzotti, Joseph L., 193 Park av., Paterson
Pollock, Theodore, Army
Polowe, David, 555 E. 27th st., Paterson
Prince, Robert A., Navy
Provisor, Benjamin, 271 Lexington av., Passaic
Raab, Michael, Army
Radest, Louis J., 347 Broadway, Paterson
Randazzo, Anton P., 82 Prospect st., Passaic
Rauschenbach, Paul E., Jr., Army
Reading, H. Eugene, 535 E. 29th st., Paterson
Reeves, Ernest, 195 Lexington av., Passaic
Reilly, Thomas F., 127 Union av., Clifton
Reiner, David M., Army
Reinhorn, Abraham J., Army
Riccobono, Cosmo S., 334 Park av., Paterson
Richards, Paul S., 1 Main st., Butler
Rinzler, Harry G., 127 Van Houten av., Passaic
Ritter, John J., 741 E. 22nd st., Paterson
Robertson, Eugene V., Army
Roemer, Jacob, 591 E. 27th st., Paterson
Rogers, James A., Navy
Romano, Michael J., Army
Ross, Peter W., Army
Rothman, Theodore, 494 Park av., Paterson
Roy, Joseph N., 95 17th av., Paterson
RuBacky, Joseph F. A., 57 Passaic av., Passaic
Ruocco, William B., Navy
Russell, Charles B., 119 Hamilton av., Paterson
Saffron, Morris H., Army
Sala, Aldo W., 172 Randolph av., Clifton
Salzman, Nathan, 714 Broadway, Paterson
Sanfacon, Thomas A., 340 Park av., Paterson
Santangelo, Emil L., Army
Schafer, Marguerite A., 298D'mondBr. av.,H'wth'rne
Schefrin, Alexander E., 235 Lexington av., Passaic
Schlossberg, Ezra, 178 Sherman st., Passaic
Schultz, Augustin M., 379 Union av., Paterson
Schwartz, Jacob R., Army
Schwartz, William, 224 Lexington av., Passaic
Schwartzberg, Frederick I., Army
Schwarz, Julianna L., 22 VanWinkle av., Passaic
Scielzo, Nicholas F., Army
Scribner, Chas. H., R.F.D.1, Hamb'gTnpk.,Preakness
Shapiro, David, 707 Broadway, Paterson
Shapiro, Louis G., 375 Broadway, Paterson
Shechtman, Abraham, 261 Main av., Passaic
Sheft, Matthew J., 112 Lexington av., Passaic
Shinefeld, Maurice A., 669 Broadway, Paterson
Shippee, James N., 654 Ringwood av., Wanaque
Shulman, Abraham, 528 E. 29th st., Paterson
Silverman, Irving A., 260 Dayton av., Clifton
Simkin, Abraham, 232 Broadway, Passaic

Simon, Julius J., Army
Simon, Philip H., 174 Columbia av., Passaic
Siveke, John, 106 Lexington av., Passaic
Slaff, Florence, 16 Grove st., Passaic
Slater, Daniel, Army
Sloan, Samuel L., 182 Belmont av., Paterson
Small, Louis, Army
Smith, Elroy W., 39 Circle road, Passaic
Smith, Leon A., 655 Main av., Passaic
Sobel, I. Jerome, 136 Broadway, Passaic
Solms, Kent, Valley View Sana., Paterson
Spickers, William, 6 Church st., Paterson
Stark, Jacob, 645 Broadway, Paterson
Stein, Harold M., 227 W. Broadway, Paterson
Steinberg, Benjamin L., Army
Stern, Morris H., Army
Stinson, Richard, 641 E. 18th st., Paterson
Stokes, James S., Army
Stoltz, Raymond R., 23 Passaic av., Passaic
Stouter, Francis L., Army
Sucoff, Moses C., 158 Hamilton av., Passaic
Sullivan, William M., Jr., 43 Passaic av., Passaic
Surgent, George W., 168 Clifton av., Clifton
Sutherland, William W., Army
Szymanski, John J., 616 Main av., Passaic
Taber, Leslie R., 292 Broadway, Paterson
Teichholz, Max. H., Army
Tell, M. Edward, Navy
Temple, Arthur H., 164 Jefferson st., Passaic
Terhune, Percy H.,81 Millbrook rd.,Hamden,Conn.
Thomas, Irene O., Navy
Thomas, Leon H. S., Army
Thompson, Edward C., Army
Thorne, William P., 254 Main st., Butler
Thron, Leopold E., Army
Todd, Francis H., 83 Auburn st., Paterson
Tomkins, Wm., 105 Fairmount road, Ridgewood
Tweddel, George K., 239 Broadway, Paterson
Udinsky, Hyman J., 21 Grove st., Passaic
Vanderbeck, James J., Army
Vanderbeek, Andrew B., 174 Broadway, Paterson
Vanderbeek, Frank B., Army
Vander Clock, Cornelius, 178 Gregory av., Passaic
Van Eerde, Albert, 339 Lafayette av., Hawthorne
Van Riper, A. Ward, 607 Main av., Passaic
Van Schott, Gerard J., Jr.,245 Lex'gton av.,Passaic
Van Winkle, John S., 297 Broadway, Paterson
Vermeulen, Abram, 344 Haledon av., ProspectP'k
Vernaglia, Anthony P., 145 B'naVista av.,H'wth'e
Viseeglia, Frank R., Army
Vosburgh, Fred, 61 Passaic av., Passaic
Vreeland, Ralph J., 266 Van Houten st., Paterson
Walker, Harold G., Navy
Wallace, Marc J., 165 Lakeview av., Clifton
Walton, Gordon G., 17 Church st., Paterson
Warburton, Jack C., Army
Ward, Albert H., 404 Totowa av., Paterson
Warren, David E., 233 Gregory av., Passaic
Warren, Earl L., 266 Van Houten st., Paterson
Warren, Jacob, 308 18th av., Paterson
Wassing, Hans, 695 Broadway, Paterson
Weinert, Henry V., 128 Market st., Passaic
Weintraub, Wm. L., 400 Broadway, Paterson
Weisman, Stephen L., Army
Westerhoff, Peter D., Army
Wethers, William A., Army
White, Richard E., Army
Williams, Hiram, 230 Lexington av., Passaic
Winters, Walter M., 288 Broadway, Paterson
Wishnack, Meyer, 318 Broadway, Paterson
Wolf, Erich, 158 Broadway, Passaic
Wolf, Israel J., 231 East 31st st., Paterson
Wolfson, Harry, Navy
Wry, Dean A., 234 Dayton av., Clifton
Yachnin, Samuel C., Army
Yager, J. Allen, Navy
Yates, John S., 414 Ellison st., Paterson
Yeaw, Ralph C., 180 Carroll st., Paterson
Yolken, Harry, 246 E. 31st st., Paterson
Yoskowitz, Benjamin, Army
Zalewski, Irene J., 181 Paulison av., Passaic
Zuckerman, David E., 568 Broadway, Paterson

Number of Active Members and basis of representation, 400.

ASSOCIATE MEMBERS

Adler, Fritz F., 162 Trenton av., Paterson
Capio, Mario D., 293 Broadway, Paterson
Fortay, Stephen O., 474 Park av., Paterson
Friedman, Edna C., 534 Broadway, Paterson
Goldstein, Edward W., 356 Park av., Paterson
Katz, Harry, 681 Broadway, Paterson
Kleinman, Eberhardt H., 560 Broadway, Paterson
London, Leslie, 119 Lexington av., Passaic
Saco, Louis S., 922 Main st., Paterson
Sarokhan, Joseph, 771 Madison av., Paterson

COURTESY MEMBERS

Della Penna, Samuel J., Army
Pearlman, Saul J., Army
Pellitteri, Ottavio J., Warren Point
Trilling, Leonard J., Army

HONORARY MEMBERS

Bergin, Joseph V., Paterson
Bullen, Victor E., Paterson
Crounse, David R., Passaic
Flitcroft, William, Paterson
MacAlister, William W., Paterson
Maclay, Joseph A., Paterson
McBride, Andrew F., Paterson
Neer, William, Paterson
Ritter, John J., Paterson
Scribner, Charles H., Preakness
Stinson, Richard, Paterson
Terhune, Percy H., Hamden, Conn.
Todd, Francis H., Paterson
Vanderbeek, Andrew B., Paterson
VanRiper, A. Ward, Passaic

TRANSFERS

Grosfeld, William, to out-of-state
Park, M. Benjamin, to Florida
Solms, Kent, from Bergen County

RESIGNED

Cogan, Henry

SALEM COUNTY (17)

Society organized May 4, 1880. Meets on the third Friday of each month, September to May, inclusive. Annual Meeting in April. Social Meeting in May.

ACTIVE MEMBERS

Bramble, Halsey S., Front & Chestnut sts., Elmer
Caggiano, John D., 165 W. Main st., Penns Grove
Chesler, Maurice, 124 W. Broadway, Salem
Cox, J. Robert, Mullica Hill
Davison, C. Spencer, Army
Davison, Wilbur S., 1 S. Broadway, Pennsville
Dunn, John S., Navy
Evans, Edgar E., 12 Ziegler Tract, Penns Grove
Fleming, Charles L., 42 W. Main st., Penns Grove
Green, David W., 69 Market st., Salem
Hilliard, William T., 105 Market st., Salem
Hummel, Lee C., Navy
Jirouch, Edwin A., 18 Ziegler Tract, Penns Grove
Jonas, August, 328 E. Broadway, Salem
Liehr, Raymond J., W. Maple av., Penns Grove
Lipkin, Isadore, 157 W. Main st., Penns Grove
Lummis, Clarence P., 40 Delaware av., Penns Gr.
Mackes, Claude B., 48 N. Main st., Woodstown
Mason, Alvin S., 26 Olive st., Salem
Miller, Lewis H., 37 S. Main st., Woodstown
Miller, William H., Army
Perry, Frank L., Army
Prigger, Edward R., 21 Delaware av., Penns Gr.
Savage, Charles L., 20 Ziegler Tract, Penns Grove
Sayers, Francis P., Army
Silverman, R. Louis, 21 W. Main st., Penns Grove
Suter, Harry F., 49 W. Main st., Penns Grove
Thomas, Claude W., 28 East av., Woodstown
Zappala, John, 47 W. Main st., Penns Grove

Number of Active Members and basis of representation, 29.

COURTESY MEMBER

Forsyth, Kenneth C., Carneys Point

TRANSFER

Johnson, Fenimore, to out-of-state

SOMERSET COUNTY (18)

Society organized May 21, 1816. Meets on second Thursday evening of each month except July, August and September. Annual Meeting in June. Dinner Meeting in October.

ACTIVE MEMBERS

Adams, Rayford K., Lakeside Lodge, Skillman
Albrecht, William J., 46 Grove st., Somerville
Allegrante, Anthony J., W'sh'gt'n Val.rd., Martinsville
Ambrose, Robert R., Army
Barbour, George E., Army
Bendix, Gerhard M., Army
Blank, Samuel, Army
Borow, Benjamin, 507 Church st., Bound Brook
Borow, Henry, 507 Church st., Bound Brook
Borow, Louis S., Army
Borow, Maurice, 507 Church st., Bound Brook
Brittain, Ellmore G., 4 E. High st., Bound Brook
Cooley, Justus H., II, Army
Cooper, J. Howard, East Millstone
Craig, Henry A., 315 William st., Somerville
Crawford, John W., Army
Day, Hayward F., Army
Douglass, William C., 15 Olcott av., Bernardsville
Edelberg, Sidney S., 403 E. High st., Bound Brook
Ely, Lancelot, 128 W. High st., Somerville
Falcone, Nicholas A., Army
Field, Frank L., Far Hills
Flint, Edgar T., 44 E. Somerset st., Raritan
Fritts, Lewis C., 118 West End av., Somerville
Galgoczy, Julius, Manville
Gray, W. Burritt, 121 Somerset st., N. Plainfield
Greenberg, George A., Army
Guertin, Diomede, Army
Hamblin, Donald O., Calco Chemical Co., B'd Br'k
Heaton, Stuart C., Navy
Hegeman, Runkle F., 161 W. High st., Somerville
Heminway, Norman L., Army
Hird, Emerson F., 118 E. Maple av., Bound Brook
Hochheimer, Arthur, 417 Somerset st., BoundBr'k
Husted, Samuel H., Neshanic Station
Kay, Clarence R., Main st., Peapack
Klompus, Irving, Navy
Knight, Augustus S., Far Hills
Lawton, A. Anderson, Coast Guard
Levy, Abram, 1120 W. 7th st., Plainfield
Liddell, Raymond N., Army
Loeb, William A., Army
Mangelsdorff, Arthur F., Calco Chem. Co., B'dBr'k
McConaughy, Francis, 1 E. High st., Somerville
McParland, Timothy W., 318 Hamilton st., B'dBr'k
Misko, Albert, 117 Westervelt av., N. Plainfield
Morris, Nathan, Army
Pearson, Theodore A., White House
Pigott, Albert W., N. J. State Village, Skillman
Pitman, Mason W. H., 17 W. Cliff st., Somerville
Pogoloff, Samuel H., 68 N. 1st av., Manville
Reale, Nicholas P., Brooks Blvd., Manville
Renner, Clara C., Blawenburg
Robinson, John T., 598 Watchung rd., BoundBr'k
Rossi, Gene, Army
Russo, Dominic T., 51 E. Somerset st., Raritan
Sargent, Eva R., 22 Sycamore st., Somerville
Schram, William S., Army

Smalley, Mahlon C., Gladstone
Snyder, Howard P., Army
Spaldo, John L., Army
Thornton, P. John S., Army
Tolomeo, Martin E., Army
Wallach, Bernard, Army
Wolfram, Julius, Army
Young, James L., 68 Mountain av., Somerville

Number of Active Members and basis of representation, 66.

HONORARY MEMBER

Baker, S. Josephine, Belle Mead

SUSSEX COUNTY (19)

Society organized August 22, 1829. Regular meetings in February, May, September and December at time, place and date designated by President and Secretary.

ACTIVE MEMBERS

Aitken, Herbert M., Navy
Bergmann, Ewald H., Army
Boyd, William B., Jr., N. J. Zinc Co., Franklin
Braun, David C., Army
Burn, Victor E., 27 Trinity st., Newton
Caleca, Jack J., Army
Cartisser, Joseph J., Army
Coleman, Joseph G., Hamburg
Drake, Leo B., 47 Main st., Franklin
Eddy, Lester R., Navy
Groeschel, August H., Army
Hawke, Edward K., Army
Hill, Dean F., Navy
Johnson, George F., Branchville
Kirschner, Martin I., Vernon
Landes, Edwin W., Stillwater
Longnecker, John E., Jr., Sparta
Lushear, Frank H., Branchville
McCall, Jesse, Army
McVeigh, Charles J. D., Netcong
Morrison, Frederick H., 61 High st., Newton
Pellet, Thomas L., Hamburg
Roy, Bert W., 25 Hamburg av., Sussex
Schmidt, Clifford M., 81 Main st., Newton
Scott, Frederick J., 1 Oak st., Franklin
Spencer, James H., Jr., Army
Spurgeon, Dorsett L., 19 Church st., Newton
Stewart, Katherine E., Railroad av., Ogdensburg
Vermes, Leslie, 172 Main st., Franklin
Weinstein, Robert A., 214 Spring st., Newton
Weiser, Edward H., 40 Bank st., Sussex

Number of Active Members and basis of representation, 31.

UNION COUNTY (20)

Society organized June 7, 1869. Meets on second Wednesday of September, November, January, March, April, and May. Annual Meeting in April.

ACTIVE MEMBERS

Abel, Henri E., Army
Abramson, Solomon, Army
Ackerman, Arthur F., 129 Summit av., Summit
Allen, Samuel L., 268 E. 3rd av., Roselle
Alture, Siegmund S., 1809 Wood av., N., Linden
Anson, Leon J., Army
Apfelbaum, Frederick M., 230 Midw'd pl.,Westf'd
Armstrong, Lorrimer B., 121 S. Euclid av., W'stf'd
Arthur, Frances H., 138 Westfield av., Elizabeth
Austin, Thomas R., Army
Babbitt, Hugh M., Jr., Army
Baker, Raymond D., 52 De Forest av., Summit
Banker, George T., 1145 E. Jersey st., Elizabeth
Barberio, A. Arthur, 1337 Orange av., Union
Baron, Leo E., 727 N. Wood av., Linden
Baruch, Hilde, 202 Stiles st., Elizabeth
Baruch, Rudolf J., Army
Battaglia, Richard S., Army
Bechet, Paul E., 1364 North av., Elizabeth
Beisler, Lawrence G., 1528 N. Broad st., Hillside
Bender, Dorothea A., 61 DeHart pl., Elizabeth
Bensley, Maynard G., 129 Summit av., Summit
Berenson, Samuel J., Army
Berman, Leonard M., 128 Summit av., Summit
Berman, Sol, Army
Bernstein, Benedict J., Army
Berry, C. Hartley, 129 Summit av., Summit
Biber, David, 2066 Emerson av., Union
Birrell, Russell G., 554 Westminster av., Elizabeth
Bishop, Carl, 831 Madison av., Plainfield
Black, Max S., Army
Blair, Thomas D., 414 Park av., Plainfield
Blatt, David, Army
Bloch, Harry, 613 N. Broad st., Elizabeth
Blumberg, Jack, 504 Westminster av., Elizabeth
Blythe, Rowland P., 30 Springfield av., Cranford
Bolanowski, Kasimier J., Army
Booth, Walter S., Navy
Bourns, Edward G., Army
Bowles, Harry H., 36 Woodland av., Summit
Boyd, Robert P., Army
Boyer, Paul K., Navy
Boyes, James G., 1326 Chetwynd av., Plainfield
Braun, Edgar M., Army
Breslow, Alexander E., Army
Brethwaite, Samuel H., Jr., 129 Summit av., Sum't
Brock, H. F., 417 W. Broad st., Westfield
Brokaw, Christopher A., 1405 North av., Elizab'th
Brown, Frank H., Jr., 327 Chestnut st.,R's'lePark
Brown, L. Greeley, 173 Madison av., Elizabeth
Brown, William H., 501 1st av., Elizabeth
Burritt, Norman W., 30 Beechwood rd., Summit

Butenas, Joseph J., Army
Callahan, Edward J., U. S. P. H. S.
Cannis, John P., 1019 Park av., Plainfield
Canright, Cyril M., 34 Springfield av., Cranford
Cantini, Raphael S., 147 E. 7th st., Plainfield
Card, Charles F., 144 W. Milton av., Rahway
Cardinale, Pasquale F., 654 E. Jersey st., Elizab'h
Carlisle, J. Mallory, 550 Hillcrest av., Westfield
Carpenter, Cedric C., Navy
Carsley, Sidney H., Army
Casilli, Arturo R., 618 Newark av., Elizabeth
Castaldo, Neil, 103 Lincoln av., E., Cranford
Chaiken, Louis H., Army
Chapman, Otis P., 125 Broad st., Elizabeth
Childers, Robert J., 604 Park av., Plainfield
Chodosh, Maurice A., Army
Cohen, Harry X., 1243 Stuyvesant av., Union
Cole, Walter H., Jr., 1060 E. Jersey st., Elizabeth
Comunale, Anthony R., 1709 Irving st., Rahway
Conway, James V., Army
Coplin, George J., 528 E. Jersey st., Elizabeth
Corbusier, Harold D., 612 Park av., Plainfield
Cox, William T. R., Army
Crabtree, Loren H., 505 Jersey av., Elizabeth
Crane, Norman T., Army
Crankshaw, Orrin F., Army
Cronin, Francis J., Army
Dalberg, Walter, 500 Cherry st., Elizabeth
Davidson, E. Norwell, 102 East Elm st., Linden
Davidson, Maurice M., 128 Grant av., RosellePark
Davis, F. Cleveland, 129 Summit av., Summit
Davis, Stanton H., 212 E. 7th st., Plainfield
Day, Willis B., 407 E. 7th st., Plainfield
DeCesare, Ferdinand J., 500 Walnut st., Roselle P'k
Decker, Charles T., 275 Orchard st., Westfield
Deehl, Seymour R., 1026 E. Jersey st., Elizabeth
Demarest, Gerald B., Army
Dengler, Henry P., 260 Morris av., Springfield
Deutsch, Nathan S., Army
Diamond, J. George, 512 W. Front st., Plainfield
Doggett, E. Hugh, 805 Park av., Plainfield
Dolsky, Irving, 509 N. Wood av., Linden
duBusc, L. C. Victor, 399 Westfield av., Elizabeth
Dunn, H. Irving, Army
Durrah, Fred F., 310 Plainfield av., Plainfield
Dwoyer, Leon C., Army
Eason, Samuel W., 48 De Forest av., Summit
Edgar, Malcolm S., 129 Summit av., Summit
Ehrlich, Max, Army
Esty, Geoffrey W., Army
Fagin, Joseph, 35 Beekman rd., Summit
Falconer-Slater, Katherine, 146 Passaic av.,Sum't
Feleppa, Edward E., 618 Springfield av., Summit
Fiedler, Michael J., 247 Crawford ter., Union
Fink, Stanley J., Army
Fitch, Thomas S. P., Army
Fort, William B., 147 E. 7th st., Plainfield
Foster, Frank L., 320 Springfield av., Cranford
Franklin, Joseph E., 191 North av., Hillside
Franklin, Lewis J., 149 Jean ter., Union
Freeman, Ray M., Army
Friedburg, George H., 1108 Anna st., Elizabeth
Frohwein, Ida H., 125 Morristown rd., Elizabeth
Gadomski, Casimir F., Army
Gallaway, George E., 163 W. Milton av., Rahway
Gannon, Joseph M., Army
Geary, Paul, 909 Park av., Plainfield
Gelber, Isaac, 2052 Morris av., Union
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	Active	Associate	Active	Associate
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Burlington	65	..	21	..
Camden	199	..	81	..
Cape May	26	..	6	..
Cumberland	64	..	15	.
Essex	1183	28	386	8
Gloucester	50	..	15	..
Hudson	485	..	147	..
Hunterdon	30	..	7	..
Mercer	242	17	74	9
Middlesex	182	6	61	3
Monmouth	137	..	54	..
Morris	115	..	41	..
Ocean	30	..	16	..
Passaic	400	10	138	..
Salem	29	..	6	..
Somerset	66	..	26	..
Sussex	31	..	11	..
Union	380	..	134	..
Warren	31	..	8	..
Totals	4180	71	1418	21

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OF

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Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 5 — MAY, 1944 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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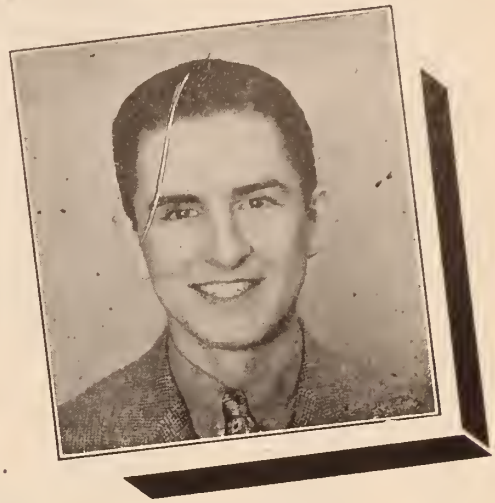
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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division ,One Pershing Square, New York 17, N. Y.



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1929—Penicillin discovered by Fleming in England.

1932—First report by British investigators confirming original work on Penicillin.

1940—First isolation of solid Penicillin by Oxford investigators.

1940—Merck research on antibiotics concentrated on Penicillin.

1941—First report of Penicillin's clinical value.

1941—Prof. H. W. Florey and Dr. N. G. Heatley, of the Oxford group, visited the United States to confer with interested Government officials and manufacturers, with the objective of establishing Penicillin production in America.

1941—Dr. Heatley, who participated in the first production work in England, remained at the Merck Research Laboratories to collaborate with Merck chemists in developing test and production procedures.

1941—Merck brought about a reciprocal arrangement between British and American investigators to spur production in cooperation with the United States and British governments.

1942—Merck supplied Penicillin for first case of bacteriemia successfully treated with Penicillin in America.

1942—Merck Penicillin was rushed under police escort to Boston for treatment of the Cocoanut Grove fire casualties.

1943—Merck sent supplies of Penicillin to England by air transport for urgent therapeutic use by the United States Army Medical Corps.

1943—Large-scale production of Penicillin was established by Merck to meet Government requirements.

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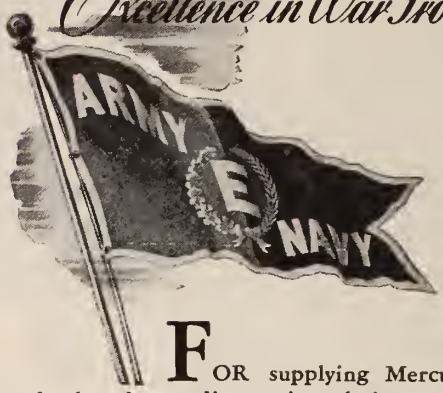
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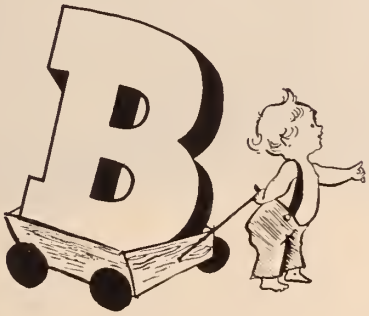
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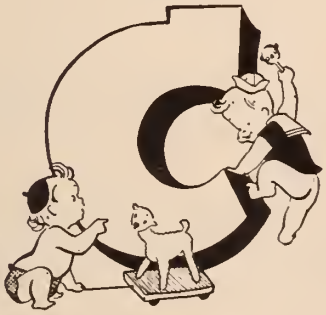
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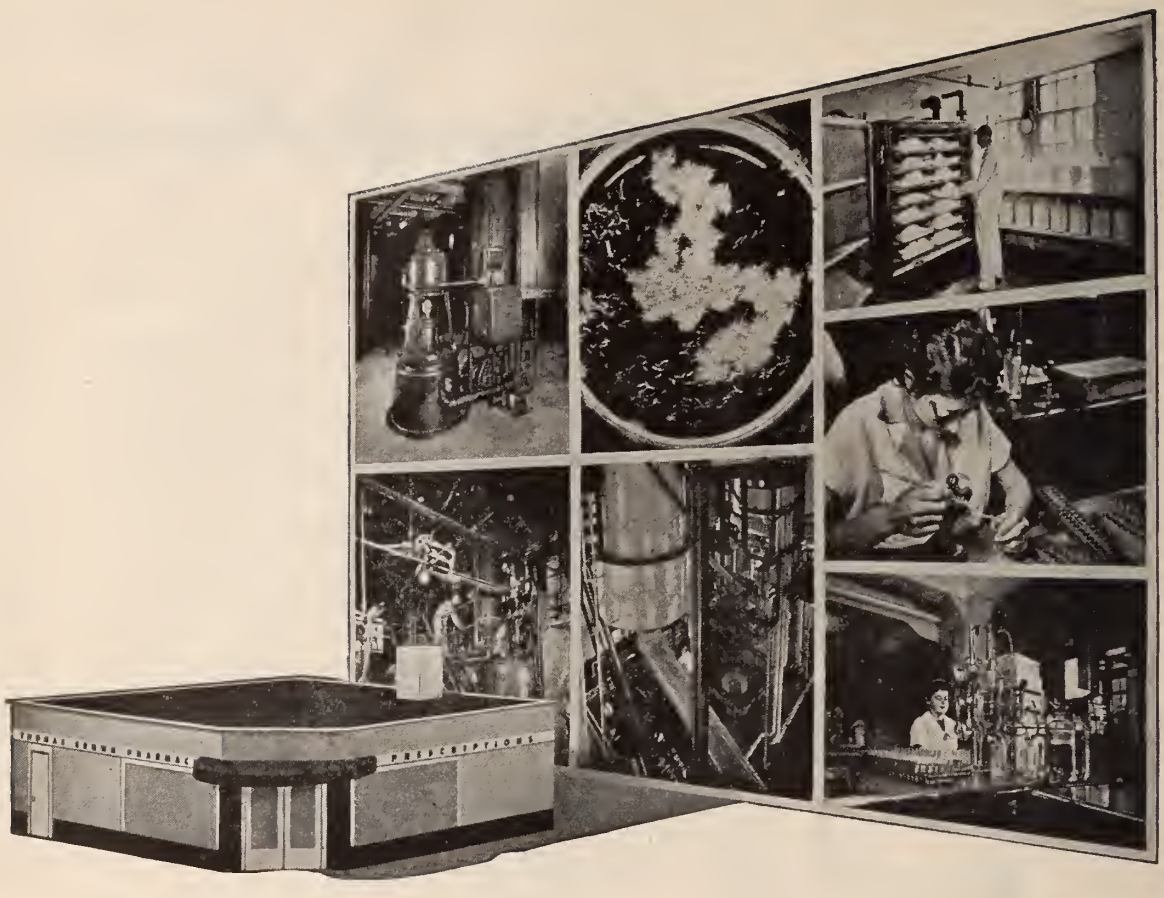
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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 477

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 5 May, 1944 Single Copies, 30 Cents
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JOSEPH F. LONDRIGAN, M.D., F.A.C.S.

1944-1945 President

Dr. Joseph F. Londrigan was born in Hoboken, New Jersey, on January 15, 1884, and received his early education in Parochial and Public Schools of that city. He attended Bethlehem Preparatory School at Bethlehem, Pennsylvania, where he played baseball, basketball and football and was Captain of the baseball team.

After graduating in June, 1906, Dr. Londrigan entered the University of Pennsylvania Medical School. While at the University he was President of the James Tyson Medical Society and Captain of the baseball team in 1908 and 1909. He received his medical degree in June, 1910. Dr. Londrigan then joined the Jersey City team of the International League and played professional baseball until October, 1910.

Upon completing his internship at St. Mary's Hospital, Hoboken, he married Marietta Clare McGinty of Hazleton, Pennsylvania, on June 14, 1911.

In July, 1911, Dr. Londrigan began to practice medicine in Hoboken, and be-



JOSEPH F. LONDRIGAN

came associated with the Staff of St. Mary's Hospital the same year. In 1920 he was elected Medical Director of the Medical Staff of St. Mary's, which position he still holds.

In 1925 Dr. Londrigan was President of the Hudson County Medical Society, and as Chairman of a Committee of the Welfare Committee of the State Society, he was instrumental in having placed on the Statute Books of New Jersey, the Hospital Lien Law.

Dr. Londrigan's associations with various hospitals are: Medical Director of the Medical Staff of St. Mary's Hospital, Hoboken; Consulting Surgeon at Holy Name Hospital, Teaneck; Consulting Surgeon at North Hudson Hospital, Union City; Consulting Surgeon at St. Francis Hospital, Jersey City; and Consulting Surgeon at Bayonne Hospital, Bayonne.

At present Dr. Londrigan is President of the Industrial School Board of Trustees of Hoboken, Chief of Emergency Medical Service of the Local Defense Council, Hoboken, and Chief of Physicians on Draft Board Number 9.

ANOTHER WAR MEETING

THE ONE HUNDRED AND SEVENTY-EIGHTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

Meeting at a time which may prove to be not only the most critical period in American Medicine, but also the most critical period in American history; a serious air prevailed throughout the 178th Annual Meeting of The Medical Society of New Jersey.

Even as the meeting progressed, as the problems facing the profession and the country were unfolded, a changing attitude was plainly visible among those who had previously failed to appreciate and interpret the warnings which had been so visible to others. The dawning came to them as speaker after speaker made it clear to them that American Medicine might have to be the spearhead in protecting the priceless heritage of individual American freedom, handed down to us by our ancestors, and upon which has been based our national and professional progress.

It has been said that only fifty per cent of our people appreciate what this war is about. Surely not one of those who heard the dramatic portrayal by Don S. Knowlton, Captain, Medical Corps, U. S. Naval Reserve, of the epic-making milestones in American history from Bunker Hill to Guadalcanal, marking our struggle for personal freedom, can now have any doubt as to what this war is about. Surely no one who heard Dr. Walter H. Judd can have any doubt in his mind as to the obligation and responsibilities which must be assumed by the profession and the individual physician if real freedom of the individual, and of medicine as a private enterprise without undue governmental control and interference, are to be assured in the future.

It was a grand meeting. We now have a more common understanding, a greater unity of purpose, and a firmer determination to guide us through the trying period of adjustment we are now all convinced faces our profession and our country as a whole.

In making this necessary adjustment and at the same time protecting our heritage, let us, in the words of Edward Everett in his famous oration on "Liberty" (Charlestown, Mass., 1827), "resolve that our children shall have cause to bless the memory of their fathers as we have to bless the memory of ours".

MEDICINE IN THE PUBLIC SCHOOLS OF NEW JERSEY

The health of the school children of New Jersey is the responsibility of the physicians of New Jersey. The doctors of this state should accept the full responsibility. Surgical and medical procedures applied to patients do not fulfill their entire responsibility. The treatment of the sick and the removal of proper adjustment of pathological organs and tissues is not sufficient. Preventive medicine in all its aspects added to the practice of medicine and surgery is not enough. There should be a complete health program whose goal is optimal health for all. The planning and building of this statewide structure should be the product of the minds and hands of the New Jersey physicians. The important and necessary work of other social and welfare and professional groups is clearly and appreciatively recognized. But the principal duty and responsibility is that of the medical profession.

One of the important health programs in this state is that in the public schools. It has been the earnest and constant hope of the Division of Health, Safety and Physical Education of the New Jersey State Department of Public Instruction that the doctors would give their help and guidance to this work. A brief consideration of this program written here may stimulate the interest and awareness of the medical profession in the problems where their help is needed. The school physicians and their work will be the only phase of the program considered at this time. The school dentists and nurses and physical education and health teachers, whose importance is realized and valued, will not be discussed or referred to at present.

There are a few more than five hundred school physicians in New Jersey. Paradoxically, there is no such thing as a school physician. All school physicians are doctors who perform part of their daily work in the schools. They are in general members of their local and state and national medical associations and practice medicine in their communities.

The duties and functions of the school physicians might be mentioned at this time. They have supervision of well over one million school children in this state. This one-fifth of our population is seen and examined both in health and in various stages of ill health. Very probably it is the largest group supervised and directed medically in New Jersey. Consequently, the service of the school physician is, and should be, under the counsel and guidance of the State Medical Society.

The state school law requires that every pupil shall have an annual physical examination. Permission to remove clothing to the waist only is allowed. This obstructs in many instances an adequate examination. An effort to have high school girls examined only by women physicians minimizes the antagonism of some parents and pupils to the school physical examination. The decreased number of available school doctors results in fewer examinations and in less time utilized for each examination. The demands of private medical practice also subtract time and thoroughness from the school work. Regardless of the difficulties of the present time the long range objectives should be kept in mind. Compromise and relaxation weaken the total plan.

The opportunity to educate every pupil in health promotion is open to every school physician. Special training in teaching medical and allied subjects should receive attention at the time of appointment of school physicians. After a knowledge of the state of ill health of the pupil is acquired, the school physician is responsible in directing the patient through the parent to the family physician. A careful follow-up program to ascertain the effect of treatment is necessary. A valuable aid is the keeping of proper school health records.

Vaccination for protection against smallpox and immunization and Schick testing for protection against diphtheria are performed in the schools if these procedures have not been done by the family physician. The percentages of those vaccinated and those immunized to diphtheria are far lower than desirable. In some of the rural schools only 10 per cent of the school children have been immunized and vaccinated. The percentage in other areas, particularly in the larger cities, is over 75 per cent. As a contrast to the two above mentioned protective measures, which are at the discretion of the local boards of education, the figures of the tuberculosis testing high school program which is mandatory by law run well over 90 per cent. This reveals the marked superiority of compulsory to permissive legislation in protecting the public against certain types of communicable diseases.

These two problems are brought before the doctors of New Jersey for their consideration. This short article is intended to bring to their attention through their official State Journal the work of one of the health units that fits into the pattern of the whole state health program. Other problems and phases of school health may be brought to the attention of the New Jersey physicians later through this same medium.

All physiciasn are aware of the advantages and disadvantages of compulsory legislation. These must be weighed carefully and judgment made in the light of the best means of effecting health protection for our school children.

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THOSE PRIMITIVE EMOTIONS

We do not hear so much over-emphasis now being laid on intelligence as was evident a few years back. Perhaps this is due to a growing realization and appreciation of the very important part played by our primitive *emotions*.

"Intellectual honesty" is a pretty term, but we see every day the most convincing proof that the intelligence can be most effectively and easily stymied by primitive emotions without the question of honesty being involved.

We subscribe most enthusiastically to the intellectually honest statement that "early to bed and early to rise makes a man healthy, wealthy and wise"—but only if the *daylight* hours are spent diligently, efficiently and economically—which involves both intelligence and emotional discipline.

There are times when the emotions *demand* satisfactions not entirely approved by the intellect. In fact, many emotional satisfactions we crave may not be "good" if we weigh them with strict intellectual honesty. Physicians have, through their training and intimate experience with the genus homo, learned to appreciate the importance of emotional satisfactions and especially the importance of their control. Intelligence is often in direct conflict with primitive emotions and the latter usually win out in such a battle—an outcome not necessarily without its compensating features in some cases.

ORIGINAL ARTICLES

THE IMPORTANCE OF PROCTOLOGIC EXAMINATIONS *

WITH BRIEF REMARKS ON THE PATHOGENESIS OF ANORECTAL DISEASE

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Experience in a teaching clinic reveals that diseases of the terminal bowel are still unexplored fields to many physicians. Of the multitude of proctologic disorders in this area, chief consideration appears to be given to the recognition and injection treatment of hemorrhoids.

The subject may stimulate more interest when it is stated that 90% (Pennington) of anorectal pathology is within sight of and digital palpation by the examining physician. Thus the cause of the symptoms for which the patient seeks relief is often easily determined.

A brief but clinically applicable presentation of the structural and functional characteristics of the anorectal region follows. This may aid in understanding why this area is predisposed to trauma and infection. The end result of which is a variety of pathological changes (lesions) manifested by a diversity of symptoms. (Table I.)

It is the duty of the physician to correct the impression held by the laity that all of the symptoms in this area are due to "piles". This misconception is fraught with danger as it is the cause of procrastination and the neglect which leads to serious consequences.

In line with this thought it should be stressed that symptoms are cerebral sensory responses to the lesion. All too frequently the physician treats the symptom as a clinical entity. Instances are pruritus ani and rectal bleeding. The result is often a major disability from a minor lesion. An effort should always be made, by proctologic examination, to discover the cause of the symptom.

The anatomical descriptions which follow relate primarily to pathological changes resulting from altered structure of normal tissues. For example, hypertrophied crypts and papillae are not found in a normal anorectum. These are "signs" of past or active infection and not a part of the normal anorectal anatomy.

TABLE I

Diagnostic Nomenclature of the Common Anorectal Disorders [1]

1. Hemorrhoids (varicosities, piles)
   - Size, location
   - Variety; i. e., external, internal or combined
   - Character: Inflamed, prolapsing, soft, vascular, bleeding, eroded, ulcerated, gangrenous, irreducible, thrombotic
2. Fistula in ano
3. Fissure in ano
4. Pruritus ani
5. Abscess:
   a. Anal
   b. Ischio-anal
   c. Submucous
   d. Supralevator
   e. Retrorectal
6. Colitis and proctitis (non-specif. specific [gonorrheal, amebic, lymphopathea venereum])
7. Papillitis
8. Cryptitis
9. Prolapse
10. Stricture of rectum
11. Carcinoma; rectum, sigmoid, or anus
12. Benign tumors; rectum, sigmoid, or anus
13. Polyps
14. Ulcer—traumatic (non-specif. specific; tuberculous, luetic)
15. Pilonidal sinus
16. Parasitic (pin worms)
17. Wound, laceration, scar
18. Anal warts and condylomata
19. Diverticulitis; inflamed diverticulum of sigmoid

* Read at the 178th Annual Meeting of The Medical Society of New Jersey, April 26, 1944, Section on Gastroenterology and Proctology.

1. Synnott, Martin J.: Brief Review of Modern Proctology. Med. J. and Record (June 15 and July 6), 1932.

The anus is the oval aperture through which the anal canal communicates with the exterior. The surrounding pigmented skin contains sweat glands, sebaceous glands and hair follicles. These are all secretory end organs. The result is moisture, frequently associated with rectal seepage. Thus a fertile field for local infection is present. A decrease in tissue resistance from systemic or focal causes and continued local trauma results in infection. This is followed by tissue reaction as evidenced by congestion and edema (inflammation). Later there occurs hypertrophy of the perianal skin and proliferation of connective and cellular tissues. The degree and extent of these pathological changes depend largely on how extensively the rich lymph supply to this area is involved by the infection. The local barriers to inflammatory spread are also important. Both are regulated by the biochemical factors of Menkin.[2]

Chronic pruritus ani, whether caused by fungus and/or bacterial infection, typifies this sequence of events. With continued mechanical and chemical trauma the perianal structures become infected. The consequence is a low grade cellulitis. In the course of time the skin over the "pruritic zone" is thrown into hypertrophied rugae. Between the folds the skin is often macerated and ulcerated. The result is irritation of the extensive network of highly sensory nerve fibers supplying this area. The associated pruritus, however, is only the symptom of prolonged altered anatomical, functional and pathological changes.

The colon harbors many forms of pathogenic bacteria. The course of events which determine the type of anorectal pathology depends largely on the reaction of the tissues to the invading organism (Menkin). For example, experimentally [3] Streptococci cause a less intense but more diffuse inflammatory response, while the Staphlococci cause an intense localized reaction. Thus, a decrease in the local barrier of tissue reaction from continued trauma may cause phlebitis involving the hemorrhoidal vessels with bleeding as a symptom, while an intense reaction causes cryptitis with abscess formation and pain. Incidentally, it is essential to understand that pruritis, bleeding and pain are symptoms of pathological lesions which result from structural and functional changes. This in turn is usually due to infection. The duty of the physician is to do a careful proctologic examination and determine the nature of the lesions which cause these symptoms. Table II and subsequent tables enumerate the more common conditions consequent to anorectal infection.

TABLE II

Objective Signs Visible on Perianal Inspection

1. Skin tabs
2. Hypertrophied rugae
3. Excoriations, erosions, undue moisture or leakage from anal canal
4. Wounds, scars, lacerations
5. Swellings, inflamed areas (abscess)
6. External thrombotic hemorrhoids
7. Eczema, absence of perianal pigmentation (pruritis ani)
8. Kraurosis (chronic hypertrophied dermatitis)
9. Venereal warts, condylomata (verruca)
10. External opening of fistula tract (location, number, type)
11. Pilonidal sinus
12. Emaciation of ischio rectal fossae (advanced tuberculosis or malignancy)

The anal canal is the excretory passage from the rectum surrounded by the external and internal sphincter muscles. It is lined externally by stratified cells of the true skin. This changes gradually until at its junction with the rectum, this "mucoderm" is difficult to distinguish from the rectal mucous membrane. The point of union is called the dentate or pectinate line, an important landmark in proctology. In the pathological state this landmark is altered and difficult to distinguish. It is, however, important to make this distinction. For instance, injection of the mucoderm in the treatment of internal hemorrhoids will cause severe pain and occasionally sloughing. This is because the dentate line is the dividing line between the visceral and somatic nervous system and the lymph supply. It also divides the portal and caval circulation.

On the rectal side of the dentate line are situated the orifices of minute, normally invis-

2. Menkin, Valy: Localization of Inflammation. Amer. J. Med. Sc. 190: 583, 1935.
3. Ibid. J. Exper. Med. 57: 977, 1933.

ible, crypts with their associated ducts and papillae. The crypts receive and retain mucous to lubricate the anal canal. These structures are subject to almost constant trauma due to the physiological activity of the lower bowel. The lethal stream of bacterially contaminated fecal movement causes infection and inflammation of these structures. The result is proliferation and hypertrophy. They are then visible and palpable. The crypts appear as cup-shaped sinuses with the slit-like open ends pointing upward against the fecal stream. A situation conducive to further trauma and infection. The enlarged papillae appears as "saw-tooth" like projections and on palpation as firm, often sensitive, nodules. With a little practice, one can easily learn to palpate both these structures.

The crypt is the usual focus of anal and perianal infection. It can be demonstrated quite easily with a hooked probe. In reality it is the anal ducts opening into the crypts which spread the infection into the deeper structures. The ducts,[4,5] communicate with the anal glands by a complex system of several tubules. These pass through the muscular wall of the anal canal and into the surrounding anorectal and anocutaneous tissues. When infected, the result is a diversity of anorectal pathology out of all proportion to the size of the original focus. The more common pathological lesions involving the anal canal are enumerated in tables III and IV.

Papillitis is the inflammation of the anal papilla. When it is tender it suggests an infected crypt, the opening of which it may seal. The crypt then becomes a virulent focus with possibilities for local and systemic injury. Further, an enlarged papilla, whether visible or palpable, usually indicates a previously infected crypt. Similarly, anal hypertrophied rugae, skin tabs, sphincteralgia, a congested hemorrhoid, an anal fissure, all indicate past or active anal infection just as surely as the more obvious perianal abscess. Parenthetically it may be stated that the source of this infection is often the naso-oral organs and the colon. In the latter case a common and frequently overlooked cause is the partly digested irritating liquid or semi-solid stool of the laxative ad-

TABLE III

OBJECTIVE SIGNS VISIBLE IN THE ANAL CANAL

1. Fissure (ulcer):
   a. Painless; lues, tuberculous, trophic
   b. Painful, non-specific infection
   c. Location
   d. Size
   e. Chronicity
2. Protrusion:
   a. Hemorrhoid (type)
   b. Prolapse of rectal mucosa
   c. Sentinel pile (fissure)
   d. Procidentia
   e. Polyp
3. Papillae; crypts
4. Parasites (pin worms)
5. Epithelioma
6. Chancre or chancroid
7. Anal orifice (spastic or relaxed)

TABLE IV

PALPABLE LESIONS

A. *Anus and anal canal*

1. Induration, tender areas, abscess
2. Enlarged tender papillae
3. Infected crypts
4. Fistulous tract
5. External thrombotic hemorrhoid
6. Fissure, ulcer
7. Anal stricture
8. Absence of anal canal
9. Relaxed or spastic sphincter ani (suggests senility, prolapsed piles, chronic; tabes, anal ulcer, fissure, cryptitis, papillitis, proctitis, enterospasm)

B. *Rectum*

1. Neoplasm (adenoma, polyp, malignant)
2. Stricture of lymphopathea venereum
3. Rectal impaction
4. Prostatitis
5. Spasm of levator ani, coccygeus and pyriformis, muscles [7]
6. Coccygodynea
7. Intussuception (sigmoidal)

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4. Tucker, C. C., and Hellwig, C. A.: Histopathology of the anal crypts. Trans. Am. Proc. Soc. 34: 47, 1933.

5 Hill, Malcomb R., and Shryock, E. Harold; ReBell, F. George: Role of the anal glands in the pathogenesis of anorectal diseases. J. A. M. A. 121, 742-768 (Mar. 6), 1943.

7. Thiel, G. H.: Tonic Spasm of the Levator Ani, Coccygeus and pyriformis muscles. Trans. Amer. Proc. Soc. 145, 1936.

dict.[6] This irritation may be mechanical, chemical or allergic. One of the diagnostic pitfalls in proctology is failure to incriminate these organs in the remote anorectal infection.

The rectum is the portion of the terminal bowel proximal to the anal canal. The ampulla with which we are primarily concerned is easily palpable and visible on rectal examination. Normally, stimulation to defecation occurs only when this pouch is sufficiently distended with fecal material. The contents of the ampulla are guarded by the tonically contracted sphincter muscles. This causes the rectal mucosa to form numerous longitudinal folds. These are the columns of Morgagni. Between the columns the mucosa dips down under the free margin of the anal skin, forming little pockets or crypts. Their importance as a site of focal infection has already been described.

The rectum is frequently the seat of inflammatory processes due to various causes. The inflammation may be either acute or chronic, circumscribed or diffuse. As in the other conditions previously noted, mechanical trauma (foreign body, scybilous stool), chemical irritation (indol and skatol) or allergic reactions are the usual predisposing causes.

The more common pathological lesions in the rectum are enumerated in Table V.

A clear conception of the difference between the nerve supply of the anus and rectum is essential in order to understand more clearly the significance of symptoms following pathological changes in the anal canal and rectum.

The anus and the anal canal and an area of about 1 cm. above the anorectal junction are liberally supplied with sensory nerves from the third and fourth sacro-spinal segment, also the hemorrhoidal branch of the pudic nerve. The nerve filaments enter the gut at the level of the dentate line. As a result, lesions at or below this line produce a variety of sensory disturbances. These may vary from that of pain to itching with trophic modifications of dryness or moisture. In the rectum it is only pressure and muscle sense (as a desire for stool) which reaches our consciousness. Careful analysis of the subjective symptoms will frequently indicate the tissues involved.

TABLE V

Lesions Found on Instrumental Examination

A. *Anoscopy:*
1. Hemorrhoids (varices)
2. Fissure
3. Cryptitis, papillitis, ulcer (fissure), polyp
4. Wounds, lacerations
5. Pus, blood, mucous
6. Internal opening of fistula
7. Prolapsed rectal mucosa
8. Pin worms
9. Stricture of lymphopathea venereum

B. *Proctoscopy:*
1. Mucosa; pale, bleeding on slight trauma, granular, congested, glazed, ulcerated
2. Proctitis:
   Specific—amebic, gonorrheal
   Non-specific
3. Neoplasm (polyps):
   Benign
   Malignant
4. Foreign body or feces (free or adherent to mucosa)
5. Lymph follicles (status thymolymphaticus) [8]
6. Intussuception (sigmoidal)
7. Stricture (rectal), specific or malignant

A proctologic examination will give confirmatory assistance and prevent many errors and omissions in making a diagnosis. This usually entails inspection of the anal outlet with digital palpation and instrumental examination of the anal canal and rectum. The required armamentarium consists of the cotted index finger, a Cosmos or Grady floor lamp and either a Martin Davis anoscope or a proctoscope.

The normal structure and functions of the anus, anal canal and rectum have been described very briefly. It has been shown that these are altered by trauma and/or infection. Thus a pathological lesion is produced. The lesion produces symptoms. The type of symptom depends on the innervation of the affected part. Thus, the pathogenesis of anorectal dis-

6. Thiele, G. H.: Mineral oil and Saline Laxatives. Relationship to ano-rectal infections and their treatment. Southern Med. J. 35: 869-958 (Oct.), 1942.

8. Goldman, Harry: A rectal sign in Status Thymolymphaticus. Trans. Am. Proc. Soc. 145, 1939.

ease is based on a complex chain of events, usually over a prolonged period.

This area is unusually well endowed with immunity to injury and the ability to heal. Any therapeutic procedure which ignores a search for the lesion as well as the etiology will fail as far as the cure of the anorectal inflammatory disease is concerned.

The consequences of these omissions are illustrated by the following case reports:

Case No. 1: Pruritus ani of two years' duration, temporarily relieved by suppositories, lotions and ointments prescribed by various physicians. *Inspection* of anus and anal canal revealed slight loss of pigment, some moisture and a few scratch marks. On *anoscopy* several papillae and crypts were present. In *probing* one of the crypts an actively motile pin worm was dislodged. Appropriate treatment for the parasite cured the pruritus.

The causes of pruritus are manifold, and one must remember that it is only a "symptom". The causative factor may be local or a local manifestation of a remote disease. It is obviously essential to try and find the "cause" before treating the "symptom".

Case No. 2: A colored female, age 39, admitted to the Surgical Service with bleeding from the rectum, pain on defecation, irregular bowel habits. Admission diagnosis: "Hemorrhoids. Extirpation by cautery and three by ligature and scissors." When examined a week later she was suffering from numerous rectal discharges of pus, blood and mucous associated with severe toxemia. Proctosigmoidoscopy revealed a severe form of thromboulcerative proctocolitis. Examination for ameba, the gonococcus, tubercle bacilli and the Frei Test were all negative. After appropriate treatment, including three transfusions, a remission was obtained.

Local anorectal surgery in the presence of undiagnosed chronic ulcerative colitis may cause a severe exacerbation of the disease.

Case No. 3: The patient was a well-nourished man of 50, who simply complained of bleeding from the bowel during defecation. Internal piles were diagnosed and injected with phenol in oil. The bleeding stopped but a vague sense of rectal discomfort persisted. This caused him to seek further relief. Present in the rectum, both on palpation and proctoscopy was a large cauliflower growth.

One need hardly mention how futile the treatment of the pile alone had been in this case.

Case No. 4: A 2½-year-old child was seen in the preventorium of an institution. For the past week she refused all nourishment because of frequent emesis. The patient was drowsy and listless with dry skin, rapid pulse and slightly elevated temperature. The nature of the illness was obscure. A routine digital rectal examination revealed fecal impaction extending beyond the reach of the examining finger.

Treatment with warm oil instillations relieved the impaction and established normal bowel function. This was followed by a remarkable improvement in the general health.

The report outlined above illustrates a very common cause of disability. It is usually found in both young and old bedridden patients in institutions and hospitals. Without doubt, at this very moment, one or two such patients lie helpless in your own ward. An earnest plea is hereby made to internes and residents for more frequent rectal examinations in these patients. *Whenever the cause of illness appears obscure a digital rectal will be found helpful.*

Case No. 5: At intervals for the past three years J. S., age eight years, has passed blood per rectum. Sometimes she only noted it on the toilet tissue. She had a so-called "sensitive" digestive tract. That is, there occurred at fairly frequent intervals attacks of epigastric pain or cramps and diarrhea. This may have been aggravated by milk, as it caused epigastric distress (allergy [?]). However, these attacks did not appear to bear any relation to the passage of blood. Anorexia was present, also insomnia; naso-pharyngeal obstruction by enlarged adenoids may have been a factor.

A complete x-ray of the gastro-intestinal tract including a barium enema, gall-bladder series and test meal failed to reveal organic disease.

A proctologic examination appeared indicated. On palpation the rectum gave the impression of numerous "buck shots" embedded in the mucosa. Proctoscopy revealed pearly "rice-like" bodies which studded the entire rectal lining and appeared to be enlarged lymph glands. With these suggestive findings, further examination revealed a general adenopathy of the cervical, axillary and inguinal glands. The spleen was easily palpable. This suggested the clinical picture of status thymicolymphaticus.

The diagnostic "buck shots" found on rectal examination were first described by Dr. Harry Goldman of New York.[8] He stated, "In status lymphaticus the submucous network of lymph glands is very evident, the individual gland stands out like a 'pea' and can be readily felt. The presence of this rectal sign contraindicates surgery." He strongly advised a rectal examination on all children prior to operation. In one year six cases of sudden death, on the operating table, came to his attention. In all of these, autopsy revealed the characteristic rectal sign of status lymphaticus.

CONCLUSION

A complete physical examination should always include a rectal examination.

956 East Jersey Street

PRIMARY ATYPICAL PNEUMONIA, ETIOLOGY UNKNOWN
A CLINICAL STUDY OF NINETY-SIX CASES

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In a period of one year from March 1, 1942, to March 1, 1943, 96 cases of atypical pneumonia were observed at the Station Hospital, Moody Field, Georgia. In recent years it has become evident that an atypical pneumonia having a fairly characteristic type of course has occurred in sporadic and epidemic outbursts in various parts of the United States. There has been considerable confusion regarding this entity and it has been called under various names, as a brief review of the historical and geographical distributions will illustrate.

Bowen, in 1935, reported a series of acute influenzal pneumonitidites occurring among troops stationed in Hawaii between the years of 1931 and 1935. Sixty-eight cases of acute pneumonitis were reported by Allen from Fort Sam Houston, Texas, in 1935. Bock, reviewing respiratory diseases at Harvard University for a 2½ year period, reported 48 cases of virus pneumonia. Reimann reported 8 cases of severe atypical pneumonia occurred in 1938 at Jefferson Medical College and Hospital. Smiley treated 86 cases of acute interstitial pneumonitis between October 1937 and January 1, 1939, at Cornell University Hospital and states: "Although this is apparently a new disease in this area, it is probably identical with the attack of influenzal pneumonitis of Bowen, the acute pneumonitis described by Allen, and the atypical pneumonia of Reimann." Murray reported 81 cases of atypical bronchial pneumonia also occurring at Harvard University during the Fall and Winter of 1938-39. Longcope reported 32 cases of bronchial pneumonia of unknown etiology occurring at Johns Hopkins Hospital, and Hornbrook et al. reported an institutional outbreak of pneumonitis which occurred in 1940, in the Division of Infectious Diseases, Massachusetts Institute of Health, U. S. Public Health Service, Bethseda, Maryland. During the past year there has been a considerable number of cases reported from various Army installations. It seems, therefore, from the above reports, that there is a disease or group of diseases, widespread in distribution but bearing a striking clinical similarity. In view of the increasing incidence of this disease, it was highly desirable that the Medical Department of the U. S. Army adopt a suitable term by which it might be differentiated from other kinds of pneumonia. The Advisory Commission on Pneumonia and Control of Influenza suggested to The Surgeon General that this disease entity be termed "Primary Atypical Pneumonia, etiology unknown," and for the remainder of this paper we shall confine ourselves to this terminology. This paper will deal with the clinical impressions gathered from observing 96 cases of Primary Atypical Pneumonia which were treated at the Station Hospital, Moody Field, Georgia, between the period March 1, 1942, and March 1, 1943.

Both the incubation period and etiology of this disease are unknown at present. Different investigators have suggested an incubation period ranging from two days to three weeks. For the past five years a number of investigators have suggested that one or more viruses, among which are the mongoose infectious virus, the cotton rat virus, and a cat virus—all of which cause a pneumonitis in these animals —may be the etiological agent in atypical pneumonia of man. At the present writing, the question is still unsolved.

It becomes apparent when dealing with a sufficient number of cases, that this disease may be classified into three categories—mild, moderate and severe. Our criteria for classification were as follows:

In a certain number of cases the temperature was under 102° and lasted five (5) days or less. These cases all had extremely mild clinical courses, frequently questioned their

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having to remain in bed, and after 1 to 2 days of hospitalization constantly reiterated how well they felt. This group constituted approximately 30% of our series. A larger group had a febrile course varying from 7 to 14 days, were moderately toxic but never had any signs or symptoms of respiratory embarassment, that is, dyspnea or cyanosis. This group constituted approximately 65% of our series and were classified as being moderately sick. Approximately 5% of our cases were considered severely sick, with high, prolonged fevers, severe respiratory embarrassment, and a prolonged convalescence. It is apparent, therefore, that the onset of the disease may be variable, depending upon the severity. In the mild and moderately sick patients the outstanding complaints on admission were malaise, frontal headache, generalized aches and pains, and a dry, choky cough. The duration of these admission complaints varied from 1 to 5 days. This so-called latent period has been noted by the majority of observers, who report a period of approximately three (3) days following the onset of the illness during which time the patient continued to work, complaining chiefly of marked malaise and a persistent and annoying headache. The onset, however, in the severely sick patient is acute, with high fever, chilly sensations, and prostration.

The history of the illness reveals some interesting features. The malaise of which so many patients complain, is severe. Marked fatigue and exhaustion result from minimal exertion. The aches and pains noted so frequently as an admission complaint are localized to the low back region and back of both legs. The headache is throbbing in character, persistent, and localized to the frontal area of the head with soreness of the eye muscles noted. In most cases these admission complaints subsided within 24 hours following admission to the hospital. Cough as an admission complaint is not prominent and will often be overlooked unless asked for. This can easily be understood, as the character of the cough is not remarkable. It is short, usually non-productive, occasionally associated with sub-sternal discomfort. True pleuritic pain is extremely uncommon. Occasionally the cough will be productive of a small amount of thick white mucous. This is so different from that observed in pneumonococcus pneumonia, where the cough, associated with chest pain and productive of a rusty sputum, is an outstanding initial finding. Other complaints noted on admission were chilly sensations, fever and sweats. Two cases had nausea and vomiting 24 hours before entering the hospital. There is usually an absence of rhinitis and occasionally the patient may complain of a slight soreness in the throat.

Abnormal physical findings on admission are minimal. Before becoming conscious of this entity it was extremely disconcerting to find so few abnormal physical findings, especially since in many cases the patient had been ill for several days. In view of the paucity of physical findings and the history, it was not unusual to diagnose these cases as influenza, uncomplicated. The U. S. Public Health group adequately sums up the situation by stating it is doubtful if many of these cases would have been seriously considered to have had a pneumonic process without Roentgen ray examination. Occasionally, there may be a slight impairment of resonance to percussion, with a diminution in breath sounds and an occasional fine, moist rale over the involved area. The fever is irregular and variable. The 29 mild cases in our series had an average temperature of 100.6 degrees, and all were afebrile within 5 days following admission. The pyrexia in the moderately and severely sick patients is higher, ranging from 101° to 104° F. on admission, and persists for 7 to 14 days. The pulse rate is usually not markedly accelerated and is not in proportion to the fever. Only one of our severely sick patients had a pulse rate of 130 per minute when the fever was 104.2° F. The respiratory rate in the mild and moderately sick is within normal limits and none of these patients had any respiratory difficulty on admission. However, the 5 severely sick patients in our series developed definite evidence of respiratory difficulty during the course of their disease. There was dyspnea, inspiratory dilatation of the alae nasi, and marked cyanosis.

Laboratory findings: The White Blood Count is usually normal, both as to the total

number and Schilling differential. In the severe cases after several days of the disease, a Leucocytosis may occur ranging from 11,000 to 17,000, with a Polymorphonuclear count of over 80%. Early in the disease the sputum is mucoid, but as the pneumonic process undergoes resolution, it becomes purulent. No typical pneumococci were found on repeated sputa typings. Sputum smears usually revealed mixed organisms—staphylococcus, streptococcus, fusiform bacilli, none in significant numbers. Our five severely sick patients all had blood tinged sputa, which differed from the rusty sputa of a pneumococcus pneumonia in that it was not as glairy.

Roentgen ray examination gave the most consistent evidence of pulmonary involvement. Time and time again, the real extent of the pneumonic process was not apparent until the chest plate was taken. There were two characteristic Roentgen findings observed. In the mild and moderately sick patients the process appeared as an area of increased tissue density, usually uni-lobar, relatively uniform, extending outward from the hilum of the lung and extending towards the periphery of the lung fields. The shadow resembled that seen in a pneumococcal pneumonia, except that the density was less. In the severely sick patients the involvement tended to be patchy, multilobar, and resembled a broncho-pneumonic process. Chart II gives the numerical breakdown of lobes involved in our 96 cases.

The course of the disease is variable, again depending on the severity. The mild and moderately sick patients have a fever varying from 4 to 12 days, usually having defervescence by lysis. A severely sick patient may be febrile for over 12 days, and one of our cases had an irregular pyrexia for 17 days. The cough increases in severity and as resolution takes place, becomes productive of purulent sputum. Chief complaints of our patients during their stay in the hospital were the cough which kept many of them awake during the night, marked exhaustion and malaise, and in a considerable number of cases, insomnia. The respiratory embarassment noted in our five severely sick patients was definitely associated with a marked spread of the pneumonic process throughout both lung fields. Dyspnea, cyanosis, blood tinged sputum were present in all of these cases, and two of them went into vasomotor collapse. As the disease progresses, physical signs in the chest become prominent, the most notable feature being a marked increase in the number of coarse, moist rales heard over the involved areas. Convalescence is definitely prolonged. Malaise, weakness, vasomotor instability, with drenching night sweats, are frequent and may persist from 3 to 6 weeks following clinical recovery. Because of this, many of these patients could not be returned to a full duty status in spite of a relatively innocuous looking clinical record. A moderately productive cough may also persist for several weeks, in spite of a clearing of the lung fields on x-ray examination. The associated bronchitis which is almost always present probably is the cause of this.

Epidemiological studies have been difficult due to the constant turnover of personnel. There were eight cases occurring among the hospital personnel, three nurses, two doctors, two ward attendants, and one dentist, all of whom had close contact with atypical pneumonia patients. It is suggested that these patients be isolated and that masks be used by attending personnel.

The treatment is symptomatic and supportive. All the investigators agree that the Sulfonamides have no effect whatsoever on the course of the disease. We have tried Sulfonamides on three of our severely sick patients, not because of their specificity, but because we felt we had to do something for the patient. We observed no apparent effect from the use of the drug; if anything, we felt the Sulfonamides increased the cyanosis. The convalescent period should be liberal, for malaise and weakness persist for a considerable period. Aspirin, phenacetin, alcohol sponges are used as anti-pyretics, oxygen for the cyanosis in the severely sick patients, low enemas and rectal tube for abdominal distention, and fluids, of course, are forced.

In summation, we have observed 96 cases of Primary Atypical Pneumonia at the Station

Hospital, Moody Field, Georgia, from March 1, 1942, to March 1, 1943. The characteristics of the disease are:

1. A latent period with predominating symptoms of severe headache, malaise, dry cough, generalized aches;
2. Minimal physical findings on admission;
3. Positive x-ray findings of a more extensive process than is at first apparent clinically;
4. A delayed convalescence with vasomotor instability. The prognosis is good. The treatment is symptomatic.

Severity	No. of Cases	Percentage of Cases
Mild	29	30.2%
Moderate	62	64.5%
Severe	5	5.3%
Total	96	100. %

CHART 1

BREAKDOWN OF CASES; CLINICAL SEVERITY

Lobe Involved	No. of Cases
R.U.L.	6
R.M.L.	11
R.L.L.	11
L.U.L.	1
L.L.L.	45
Two lobes	18
Three or more	4

CHART 2

BREAKDOWN OF CASES; LOBES INVOLVED

ADDENDA

Campbell et al. in a recent paper, discussing the physiopathology of atypical pneumonia, believe the disease is essentially a peribronchitis, peribronchiolitis, bronchitis and bronchiolitis, with plugging of the bronchi and bronchioles resulting at times in a patchy atelectasis. Roentgenographically, we do find the criteria of atelectasis to be present in some of our cases, i. e., shifting of mediastinal structures, narrowing of intercostal spaces and elevation of the diaphragm on the involved side. Atelectasis may also explain the evanescence of some of the lesions. Because of a lack of pathological material we have been unable to make a definite corroboration of the above.

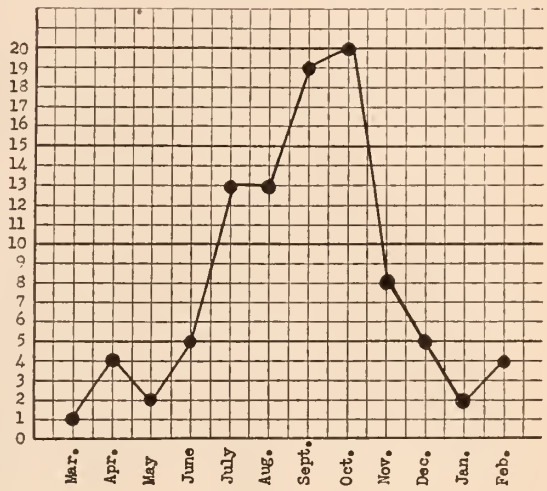


CHART 3

MONTHLY BREAKDOWN OF CASES

Case	Race	Date Onset	Date Adm.	Admission T.°	Admission P.	Admission R.	Total Days Fever	Symptoms at Onset	Lobes Involved	Severity
L. J. M.	W.	3-1-42	3-3-42	101.4	76	20	9	Headache, generalized aches and pains, dry cough.	R.M.L.; R.L.L.; and L.L.L.	Moderate
C. E. J.	W.	3-30-42	4-3-42	101.4	84	20	10	Chilly sensations, cough, generalized aches.	R.U.L. and L.L.L.	Moderate
G. P. Q.	W.	4-3-42	4-6-42	102.4	106	22	6	Chilly sensations, vomiting, fever and sweats.	R.L.L.	Severe
J. F. M.	W.	4-14-42	4-17-42	101.	92	22	12	Headaches, cough and generalized aches.	R.U.L.; R.M.L.; R.L.L. and L.L.L.	Severe
C. S. P.	W.	4-28-42	4-29-42	103.2	104	24	4	Malaise, chills and sweats.	R.L.L.	Mild
R. F.	W.	5-20-42	5-21-42	100.	84	20	7	Headache, malaise, dry cough.	R.U.L.	Moderate
M. L.	W.	5-19-42	5-21-42	102.	88	22	8	Dry cough, generalized aches, and sweats.	L.L.L.	Moderate
D. H. D.	W.	6-3-42	6-5-42	100.8	100	20	7	Dry cough, malaise and fever.	L.L.L.	Moderate
L. H. J.	W.	6-12-42	6-13-42	100.	78	20	3	Weakness, dry cough, anorexia.	L.L.L.	Mild
R. B.	C.	6-18-42	6-20-42	99.6	80	20	4	Headache, generalized aches, dry cough.	L.L.L.	Mild
P. W. F.	W.	6-24-42	6-25-42	100.2	100	20	5	Malaise, headache, generalized aches and dry cough.	L.L.L.	Moderate
J. J. G.	W.	6-25-42	6-29-42	102.	108	24	5	Malaise, generalized aches and dry cough.	L.L.L.	Mild
R. C. W.	W.	7-3-42	7-6-42	100.	90	22	2	Dry cough, substernal pain	R.M.L.	Mild
E. F. B.	W.	7-8-42	7-10-42	102.6	92	22	2	Headache, generalized aches, dry cough.	L.L.L.	Mild
J. E. H.	W	7-10-42	7-12-42	101.	104	24	11	Headache, chilly sensations, dry cough.	L.L.L.	Moderate

Case	Race	Date Onset	Date Adm.	Admission T.°	Admission P.	Admission R.	Total Days Fever	Symptoms at Onset	Lobes Involved	Severity
J. S.	W.	7-10-42	7-14-42	100.2	78	20	7	Headache.	R.M.L. and L.L.L.	Moderate
S. D. R.	W.	7-13-42	7-15-42	101.2	78	20	8	Malaise, dry cough, headache, vomiting.	R.L.L.	Moderate
A. E. J.	W.	7-13-42	7-16-42	103.8	104	28	10	Headache, generalized aches, dry cough.	R.U.L.; R.M.L.; L.U.L. and L.L.L.	Severe
H. A. H.	W.	7-15-42	7-17-42	103.2	82	22	6	Generalized aches, cough and fever.	R.L.L.	Moderate
F. K.	W.	7-17-42	7-20-42	100.4	92	20	4	Malaise, generalized aches and dry cough.	L.L.L.	Moderate
P. B. G.	W.	7-21-42	7-22-42	100.6	94	22	5	Malaise, headache and dry cough.	L.L.L.	Moderate
R. J. A.	W.	7-22-42	7-25-42	99.	82	20	5	Headache, productive cough, chest pain.	L.L.L. and R.L.L.	Mild
G. J. S.	W.	7-26-42	7-28-42	102.	92	28	12	Malaise, generalized aches, cough.	L.L.L. and R.M.L.	Moderate
A. J. M.	W.	7-26-42	7-28-42	99.4	100	20	6	Cough and headache.	L.L.L.	Moderate
J. H.	W.	7-27-42	7-29-42	101.6	100	22	6	Headache, dry cough, chilly sensations.	L.L.L.	Moderate
J. D. M.	W.	7-30-42	8-1-42	101.	90	20	3	Dry cough and fever.	R.M.L.	Mild
D. P.	W.	8-1-42	8-2-42	100.	82	20	3	Headache, generalized aches, dry cough.	L.L.L.	Mild
C. H. C.	W.	8-12-42	8-14-42	101.6	104	22	7	Malaise, generalized aches, fever.	R.L.L.	Moderate
A. H.	W.	8-13-42	8-14-42	102.	80	20	4	Weakness, generalized aches, productive cough.	L.L.L.	Moderate
C. G. R.	W.	8-12-42	8-15-42	103.6	100	24	11	Generalized aches, malaise, fever, chills and cough.	L.L.L.	Moderate
W. J. R.	W.	8-16-42	8-18-42	103.	100	24	12	Malaise, cough, aches.	R.U.L.; R.M.L.; R.L.L. and L.L.L.	Severe
F. L. K.	W.	8-22-42	8-24-42	102.	90	20	7	Aches, dry cough and headache.	R.M.L.	Moderate
J. J. F.	W.	8-23-42	8-25-42	100.	96	22	7	Headache, colic, mild diarrhea.	L.L.L.	Moderate
G. M. M.	W.	8-23-42	8-25-42	103.	120	26	6	Aches, headaches, dry cough.	R.M.L. and L.L.L.	Moderate
A. W. S.	W.	8-25-42	8-26-42	103.	100	28	6	Fever and chills, headache.	R.M.L.	Moderate
H. O. D.	C.	8-26-42	8-28-42	102.	90	20	8	Headache, cough, fever.	R.M.L. and L.L.L.	Moderate
A. M. R.	W.	8-29-42	8-31-42	101.	90	20	5	Headache, malaise.	R.L.L.	Moderate
T. S.	W.	8-29-42	8-31-42	103.	92	24	7	Malaise, generalized aches, headache, dry cough.	L.L.L.	Moderate
H. D. T.	W.	8-30-42	9-1-42	101.8	114	26	5	Cough, headache, generalized aches.	L.L.L.	Moderate
A. F. K.	W.	8-31-42	9-1-42	101.6	80	22	6	Malaise, cough, aches.	R.M.L. and L.L.L.	Moderate
L. M. P.	W.	8-30-42	9-1-42	101.	100	20	8	Aches, fever and chills, dry cough.	R.U.L.	Moderate
J. F. T.	W.	9-3-42	9-4-42	101.	120	20	4	Cough, generalized aches, headache.	R.L.L. and L.L.L.	Moderate
J. K. W.	W.	8-31-42	9-4-42	100.4	80	20	5	Cough, malaise.	R.M.L. and L.L.	Moderate
W. L. K.	W.	9-4-42	9-5-42	101.	84	20	3	Generalized aches, headache, chilly sensations and fever.	R.L.L. and R.M.L.	Moderate
J. E. Y.	C.	9-4-42	9-5-42	100.6	110	20	4	Cough with substernal pain, generalized aches.	L.L.L.	Moderate
L. L. C.	W.	9-5-42	9-7-42	102.	94	22	6	Generalized aches, headache, cough.	R.L.L. and L.L.L.	Moderate
J. C. J.	W.	9-7-42	9-8-42	102.	90	24	4	Headache, sore throat, dry cough.	R.U.L. and R.M.L.	Moderate
V. W. G.	W.	9-11-42	9-14-42	100.	80	20	3	Cough, headache, malaise.	L.L.L.	Mild
H. F. G.	W.	9-14-42	9-15-42	103.	88	22	5	Dry cough, substernal pain, aches.	L.L.L.	Moderate
V. C.	W.	9-14-42	9-16-42	102.	116	24	5	Headache, dry cough, generalized aches.	R.L.L. and L.L.L.	Moderate
P. K.	W.	9-14-42	9-16-42	102.	104	22	2	Headache, dry cough, generalized aches.	L.L.L.	Mild
H. R.	C.	9-16-42	9-17-42	100.	84	20	1	Dry cough, sweats and fever.	L.L.L.	Mild
N. E. B.	W.	9-17-42	9-18-42	99.2	80	22	2	Cough, malaise, anorexia.	L.L.L.	Mild
I. W.	W.	9-17-42	9-19-42	100.4	92	20	2	Headache, dry cough and sore throat.	L.L.L. and R.L.L.	Mild
H. J. D.	C.	9-17-42	9-20-42	98.6	74	20	1	Cough, substernal pain.	L.L.L.	Mild
J. M. K.	W.	9-16-42	9-20-42	99.6	82	22	1	Malaise, dry cough and headache.	L.L.L.	Mild
F. E. W.	W.	9-25-42	9-28-42	99.	74	20	4	Headache, cough.	R.L.L.	Mild
K. S. W.	W.	9-28-42	10-3-42	101.	80	22	2	Cough, chills and fever, malaise.	R.L.L. and L.L.L.	Mild
G. B.	W.	9-30-42	10-3-42	101.	82	20	6	Chills, generalized aches and headache.	L.L.L.	Moderate
J. F. C.	W.	10-4-42	10-7-42	103.2	110	26	3	Cough, chills and fever.	R.M.L.	Moderate
W. N. B.	W.	10-7-42	10-8-42	99.6	90	22	1	Cough, generalized aches.	L.L.L.	Mild

Case	Race	Date Onset	Date Adm.	Admission T.°	Admission P.	Admission R.	Total Days Fever	Symptoms at Onset	Lobes Involved	Severity
W. T. R.	W.	10-5-42	10-8-42	100.	100	24	9	Cough, generalized aches.	L.L.L.	Moderate
A. C.	W.	10-9-42	10-10-42	100.	86	22	3	Cough, malaise.	R.M.L.	Mild
J. C. D.	W.	10-5-42	10-10-42	102.6	100	22	11	Cough, malaise and sweats.	R.U.L.	Moderate
P. J. P.	W.	10-8-42	10-10-42	103.	120	26	5	Malaise, dry cough and chills.	R.M.L.	Moderate
N. C.	W.	10-10-42	10-10-42	103.4	100	24	4	Headache, generalized aches and cough.	R.U.L.	Moderate
R. S.	W.	10-10-42	10-13-42	103.	100	22	2	Headache, generalized aches, cough and fever.	L.L.L.	Moderate
J. E. M.	W.	10-11-42	10-13-42	102.8	84	24	10	Cough—productive, fever and sweats.	L.L.L.	Moderate
R. C. E.	W.	10-12-42	10-14-42	102.6	106	20	6	Generalized aches, malaise and fever.	R.M.L.	Moderate
R. R. B.	W.	10-12-42	10-15-42	99.8	80	20	8	Aches, headache, dry cough.	R.M.L.	Moderate
S. P. M.	W.	10-13-42	10-16-42	103.	104	20	11	Fever, nausea, generalized aches.	L.L.L.	Moderate
W. O.	W.	10-15-42	10-18-42	99.6	80	22	4	Headache, fever, backache.	L.L.L.	Moderate
W. J. M.	W.	10-14-42	10-19-42	100.8	120	20	6	Insomnia, aches, dry cough.	L.L.L.	Moderate
E. W.	W.	10-19-42	10-20-42	103.	90	28	7	Malaise, generalized aches and fever.	L.L.L.	Moderate
W. J.	W.	10-22-42	10-24-42	100.	80	20	6	Headache, cough, aches.	L.L.L.	Moderate
E. F. G.	C.	10-20-42	10-24-42	102.	116	26	6	Malaise, cough and fever.	R.U.L.	Moderate
R. H. M.	W.	10-22-42	10-24-42	102.4	90	24	12	Malaise, headache, cough.	L.L.L.	Severe
L. F. Y.	W.	11-2-42	11-3-42	99.	82	20	8	Chills, fever, cough.	R.M.L.	Moderate
A. L. M.	W.	11-4-42	11-7-42	99.	80	20	3	Cough, fever.	R.L.L.	Mild
B. L.	W.	11-10-42	11-11-42	102.4	96	24	3	Cough, chills, fever and headache.	L.L.L.	Moderate
L. J. L.	W.	11-9-42	11-12-42	102.	96	20	9	Head cold, cough, generalized aches.	L.L.L.	Moderate
R. G. D.	W.	11-14-42	11-16-42	100.8	84	20	3	Head cold, cough, headache.	R.L.L.	Mild
N. S. M.	W.	11-12-42	11-18-42	99.6	88	20	3	Cold, fever.	R.U.L. and L.L.L.	Mild
A. I. N.	W.	11-19-42	11-21-42	100.8	80	20	10	Generalized aches, cough, fever.	L.L.L.	Moderate
M. L. B.	W.	11-19-42	11-22-42	99.4	90	20	2	Generalized aches, cough.	L.L.L.	Mild
C. H. B.	W.	12-3-42	12-5-42	101.2	86	22	2	Headache, insomnia and malaise.	L.U.L.	Mild
R. A. L.	W.	12-4-42	12-7-42	100.6	88	22	4	Malaise, cough.	R.L.L.	Mild
C. L. C.	W.	12-6-42	12-8-42	101.8	100	22	2	Generalized aches, malaise, cough.	L.L.L.	Mild
M. S. F.	W.	12-8-42	12-10-42	99.8	92	24	8	Cough, fever and sweats.	L.L.L. and R.U.L.	Moderate
J. D. W.	W.	12-10-42	12-14-42	99.6	94	22	9	Headache, cough, fever.	R.U.L.	Moderate
B. C.	W.	12-26-42	1-8-43	99.	86	24	2	Headache, cough.	R.U.L	Mild
A. W. S.	W.	1-8-43	1-11-43	101.6	98	26	4	Generalized aches, cough, fever.	R.L.L. and L.L.L.	Mild
N. G.	C.	1-31-43	2-2-43	101.	90	20	5	Sore throat, generalized aches, fever.	R.U.L.	Moderate
H. C. N.	W.	2-15-43	2-17-43	102.	88	20	6	Generalized aches, cough.	L.L.L.	Moderate
J. P. C.	W.	2-15-43	2-19-43	99.	80	20	2	Cough, pain in chest, headache.	L.L.L.	Mild
W. W. R.	C.	2-14-43	2-20-43	101.	88	20	6	Malaise, cough, fever.	L.L.L.	Moderate

BIBLIOGRAPHY

1. Bowen, A.: Acute Influenza Pnuemonitis, Am. J. Roentgenology, 34:168, 1935.
2. Allen, W. H.: Acute Pneumonitis, Ann. Int. Med. 10: 441, 1936.
3. Bock, Arlie V.: Clinical Observations, Complications and treatment of Acute Respiratory Tract Infections, Ann. Int. Med. 12:317, 1938.
4. Reimann, H. A.,: An Acute Infection of the Respiratory Tract with Atypical Pneumonia, J.A.M.A. 111:2377 (1938).
5. Smiley, D. F.; Showacre, E. C.; Lee, W. F., and Ferris, H. W.; Acute Interstitial Pneumonitis, J.A.M.A. 112:1901 (1939).
6. Murray, M. E.: Atypical Bronchopneumonia of Unknown Etiology, New England J. Med. 222:565, 1940.
7. Longcope, W. T.: Bronchopneumonia of Unknown Etiology (Variety X), Bull. Johns Hopkins Hosp., 67:268, 1940.
8. (a) Hornbrook, J. W. and Nelson, K. R.: An Institutional Outbreak of Pneumonitis, Pub. Health Rep. 55:1936, 1940. (b) Dyer, R. E. Topping, N. H. and Bergston, I. A.: Isolation and Identification of Causative Agent, Pub. Health Rep. 55:1945, 1940.
9. Moore, G. B. Jr.; Tannenbaum, A. J.; Smaha, T. G.: Atypical Pneumonia in an Army Camp, War Med. 2:615, 1942.
10. Weir, J. M. and Horsfall, F. L. Jr.: The Recovery from Patients with Acute Pneumonitis of a Virus Causing Pneumonia in the Mongoose, Jrl. Exper. Med. 72:595, 1940.
11. Dingle, John H., and Finland, Maxwell: Virus Pneumonias, Primary Atypical Pneumonia of Unknown Etiology, New England Jounal of Med. Vol. 227, No. 10, Part One, Sept. 3, 1942.
12. Dingle, John H. et al.: Primary Atypical Pneumonia, Etiology Unknown, War Medicine 3:223, March, 1943.
13. MacLeod, Colin M.: Primary Atypical Pneumonia, Med. Clinics of North Amer. Vol. 27, No. 3: May, 1943.
14. Campbell, Thomas A., et al.: Primary Atypical Pneumonia, Journal A. M. A., Vol. 112, No. 11, July 10, 1943.

THE PUBLIC'S STAKE IN NON-GOVERNMENT HEALTH INSURANCE *

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The public's stake in health insurance is the quality of medical service available through the system. The proposition made by Senator Wagner in Title IX of the current Social Security Board's offer to the American people boils down to as simple a matter as this.

Each citizen's health is a concern of the whole community. If humanity did not dictate such a policy, self-interest would. Though the health of each citizen is the concern of the community, it is generally agreed that the function of the Federal Government is to do what cannot be done by local forces. What does the public want of health agencies or health insurance either on a Federal or local basis? First, it wants service, the best that our country can provide—for everyone. Second, it wants a convenient way of paying. Third, it wants the peaks and valleys of abnormal medical expense leveled. Fourth, it wants the cost to be reasonable. These objectives can be obtained by local voluntary insurance even though it will take longer. Short cuts to personal or community health invariably result in worse, not better, conditions.

Federal agencies now participate with local forces in giving health service. The Children's Bureau program for crippled children, the recently developed program for wives and infants of servicemen, various relief measures for the blind, and for maternal aid—are all examples of ways in which the Federal Government can assist in meeting local health needs.

Another example of this type of coöperative program may be seen in the hospital serving the government housing projects surrounding the Willow Run Bomber Plant. Physicians in charge of such hospitals pay a nominal rental for office space, but operate as private physicians in their relations to their patients.

The work of the Farm Security Administration in fostering the development of health associations among farmers, and of the farm bureaus and granges in developing health consciousness among their members, the generally helpful attitude of all three organizations in the enrollment of farm families in Blue Cross, coupled with the support which rural areas have been able to obtain through the operation of the Lanham Act, are all helping to solve the rural hospital problem. Extension of these programs and other public health approaches now under way have been encouraged by the American Hospital Association.

The emphasis which every health administrator places upon the necessity for local responsibility in meeting health needs must never be lost sight of. Health services are no different in this respect than any other service. To be of value a health service must be desired by those whom it will serve. The sympathetic understanding and creative imagination necessary to do a good job on the local level cannot be obtained by just ordering it done on a national basis.

The health resources of America have vitality and are meeting needs with enterprise and initiative. Though changes may be desirable, it is the function and privilege of the Federal Government to strengthen and encourage local initiative. Health resources represent living organisms which have grown with the history of this country. We can't just try out a Federal plan first to see if it will work as planned on paper because values with which we are dealing do not remain constant without careful attention to every detail. This is a local job.

Is medical care in America a good product? Objective testimony from many sources indicates that the quality and quantity of medical care in America is superior to any country in the world. What makes a superior product? Is it money alone? Or the genius of the human spirit? Isn't the superior product usually the result of a blending of many factors, chief among them, however, responsibility at a local level?

* Read at Essex County Medical Society meeting, Nov. 11, 1943.

It takes money to provide good medical care, but it takes more than money to deliver it. Since hospital care is an integral part of medical care, the question of the ability of hospitals to meet public needs is appropriate. If ever there was a demonstration of what voluntary agencies can do when the need is before them, it was the voluntary hospitals' response to the problem of providing care even though there was generally less money available during the period from 1932 to 1942. In 1933, for instance, 4,661 non-governmental hospitals provided care to 4,882,444 patients and though the number of non-governmental hospitals had decreased slightly by 1942, the number of patients served during 1942 had increased to 8,535,935. A regular pattern of growth by years in the number of patients served may be observed from 1933 to 1942.

The same kind of objective analysis may be made of medical care in general. Thus, for instance, the constantly diminishing maternal death rate—maternity mortality has decreased for 18 successive years to three deaths per 1,000. Deaths from appendicitis have decreased from 11.6 per 1,000 in 1917 to 7.2 per 1,000 in 1942. The death rate for pneumonia has decreased from 131.8 per 1,000 to 23 per 1,000 during the same period. While mortality rates and morbidity rates are not strictly comparable, the significance of good health is life.

No one would deny that scientific analysis of hospital and medical facilities and personnel available in America reveals certain inadequacies in rural areas and currently in heavily populated war industry areas. Yet both of these inadequacies can be met and are being met by the areas themselves with the assistance of voluntary and government agencies.

The question narrows down to methods—how best to make health service a matter of right for every citizen because this is everyone's desire.

Some hold that the situation is acute for the individual, and that immediate revolutionary tactics must be employed. For them the pending Wagner-Murray Bill is the answer to all of America's health problems. I do not believe that the drastic action this Bill calls for is necessary. I believe that the progress made by local voluntary plans suggests more gradual methods of obtaining the same ends.

Blue Cross Plans are an example of what can be done voluntarily. These plans began in the depression and are just getting into their stride. Thirteen million people are already protected against hospital bills. In New Jersey nearly 600,000 people are now subscribers to Blue Cross. In Pennsylvania, 1,300,000 have enrolled though we began only five years ago. Member hospitals in the 77 approved plans have 80 per cent of all non-governmental hospital beds. Plans are now operating in areas having more than 100,000,000 people. Increasingly the member hospitals and plan managements are realizing the goals which were set up some time ago to develop low-cost plans for those who cannot afford to pay for semi-private facilities. In areas with low-cost plans, enrollment of 40 per cent to 75 per cent of the population has resulted. Several States have enrolled more than 15 per cent, while three States have enrolled nearly a quarter of their population. What can be done in one place can be done in others.

Blue Cross Plans are non-profit, are regulated by the States in which they operate. They also regulate themselves through the American Hospital Association, which grants the right to use the Blue Cross only to those meeting 14 rigorous standards. Officers and Board members of such plans serve without pay.

In addition to the 13,000,000 people covered by these non-profit plans, 5,000,000 are also covered by commercial hospital insurance—thus 18,000,000 are now covered by non-government hospital insurance. This is important evidence of what can be done voluntarily. It may be said that at least one-fourth of the number of civilian wage earners currently protected under Federal Old Age and Unemployment insurance now have non-government hospital insurance. Why, when Blue Cross is steadily gaining and fulfillment of the purposes of a great voluntary system is within the grasp of American people, should we now shift our emphasis to a compulsory system? What's the hurry at this time?

Most people needing health service realize that the hospital bill is the unpredictable item

which may sink them. This is the reason why everyone wants to be a member of Blue Cross.

To say because Blue Cross enrolled two and one-half million last year that the rate of growth will remain at this level, is against all human experience. There is no reason to assume that if voluntary hospitals fully support Blue Cross Plans they cannot enroll all wage earners who might reasonably be expected to pay all of their hospital bills.

If the Federal Government will then provide grants-in-aid to States, making it possible for the States to subsidize the enrollment of those less able to pay, all of the gains which a Federal compulsory plan might obtain in coverage may be blended with the gains of voluntary management and control. No, the argument sometimes advanced that "Blue Cross is fine but that it does not go far enough" has little merit.

I submit that it is more reasonable at this time for the Federal Government to encourage local non-profit plans to do the job that needs to be done. A magical solution to the problem of financing health service is not going to be pulled out of a legislative hat. The problem is too complex for this. While local voluntary plans are slower, this very fact makes it possible for them to develop sounder policies for community health. American people are realizing that the demonstrations now being made in hospital and medical insurance can be modified, strengthened and utilized by every community; that a sound program based upon local participation is much more effective social planning than a hastily conceived and prematurely introduced Federal plan.

Blue Cross Plans through their Commission office have already arranged for reciprocal relations on enrollment. A plan member moving from any area may be transferred without loss of rights previously established. Service benefits for all subscribers while away from home will be accomplished soon. Many other advantages of a coördinated and uniform program are being developed. The encouragement of local Blue Cross Plans all over the nation will heighten the self-reliant character of local communities, bringing many new benefits to hospitals and citizens, which will be reflected in better service and ultimate savings.

The conclusion that compulsory hospital insurance involving the entire population will require the Federal Government to own the hospitals and hire the personnel is inescapable. Prudence in public management has no alternative. The hope dangled before hospitals and the public that they can have a compulsory system and still maintain the flexibility, economy and efficiency of voluntary local organizations is futile.

Under the present system of voluntary effort, the medical profession and the hospitals of this country provide the most complete health service in the world, and a quality of service higher than ever attained in a nation with a compulsory program. The choice before medicine, hospitals and the people narrows down to what kind of a life they desire.

Here is what Blue Cross and the hospitals stand for as a positive national health program: (1) Payroll deduction for Federal employees in non-profit hospital and medical plans (certain States have already granted this privilege); (2) grants-in-aid to States for needed hospital construction because hospitals are logical centers for the development of comprehensive health services to their communities; (3) grants-in-aid to States in meeting the health needs of public assistance beneficiaries; (4) the stimulation of experiments designed to aid in the development of low-cost voluntary medical and hospital insurance plans. Under such a program the Federal Government could continue its rôle of coördinator, equalizer and general overseer — its proper function — leaving the job of the care of sick to local agencies and personnel who are best able to handle this part of the problem.

The public's stake in health insurance has not been made a living vital thing. We talk too much, it seems to me, about administrative details, about costs, about other incomprehensibles to the public. American people regard this nation as rich—too rich for American people to be in want in old age or to be destitute in unemployment. In answer to public demands old age and unemployment insurance became Federal responsibilities. American people are

now beginning the serious consideration of health insurance, but they will not be fooled and Congress will not be fooled. A Federal health insurance proposal must demonstrate significant advantages over a voluntary system. While it can be agreed that some kind of insurance is the answer, the public's stake, the quality and quantity of service, are now being checked to the professions and the hospitals. The ability of voluntary insurance plans to increase distribution of services, just as the voluntary agencies and private medicine have already demonstrated their ability to raise standards of service, now calls for the earnest support of every doctor, every hospital trustee and every administrator.

Remarks by F. Stanley Howe, Director, Orange Memorial Hospital

At Essex County Medical Society Meeting, Newark, New Jersey, November 11, 1943

Mr. van Steenwyk has outlined the case for the voluntary method of making health insurance, including medical and hospital service, available to the American public through the coöperation of the medical profession and the voluntary hospital system, which, together, are now giving to the American people the largest volume and highest standard of care of any country in the world.

As a member of the Commission over which he presides, and as a trustee of one of these non-profit Hospital Service Plans, I can heartily endorse all he says. These plans were developed from the initiative of persons in the hospital field, and were made possible by the system of voluntary hospitals existing in this country. They will continue to offer their benefits to the public only so long as and to the extent that this system is adequately supported and its facilities and services extended and improved with advances in medical science and by the rapidly enlarging recognition of the peculiar value of this method by all citizens who wish to protect themselves against the hazards of sudden or catastrophic illness.

We are now on the threshold of a conflict which will determine whether this system is to continue to flourish and to expand, both in quality and quantity, or whether the credit which its pioneer efforts have received shall be appropriated and its progressive energies diverted into the channels of bureaucratic exploitation. We are confronted with a formidable Bill under which the vital control of our hospital system as we know it today would be placed in the hands of one man, namely that man who from time to time holds the high office of Surgeon General of the United States Public Health Service.

I shall not attempt to analyze in detail the provisions of this bill which would constitute a straight-jacket for our voluntary hospitals. Upon 7000 hospitals scattered over the country and representing the widest possible variation in size and adequacy, the dead hand of governmental standardization would be laid, with the inevitable paralysis of initiative, and equally disastrous premium on mediocrity. Must we submit to control by a government of uncoördinated directives from irresponsible and independent bureaus—one of which may order us to fix standard rates and another prosecute us for illegal combination in restraint of trade?

Anyone wishing a pre-view of our hospital problems once Washington bureaucracy has moved in on us should read the article entitled "Small Business Fights for Life" in the Saturday Evening Post of November 13, 1943.

Do we want the same type of mind which is now telling the casket makers to produce only 10 per cent of over-size caskets, whereas the undertakers have to supply over-sizes in 35 per cent of all cases, limiting the amount which a hospital can give by a flat per diem payment based on the average between the poorest hospitals and the leaders in this field?

Do we want our hospital system, which so accurately reflects the standards of our varying communities, subjected to a levelling process which is essential in certain fields of government, but which cannot possibly have the flexibility necessary to insure progress?

Do we want to have these vital institutions hampered by the type of mind which allows no more oil to a high-studded house exposed to the north winds, than it does to the low-studded house, sheltered by its neighbors and

with a southern exposure, merely because they have the same floor area?

Do we want our hospital system hampered by the type of mind which denies the undertaker enough gasoline for his hearse because it "does not carry a load both ways"; or which advises the farmer that he can prolong the life of his horses' shoes by "taking them off when his horse is not in service"?

We have seen in our system of public education the blighting effect of political considerations which necessitate holding back the bright student to the pace which can be maintained by the slower minds. Without our privately endowed system of higher education and without the rewards for individual achievement, where would we have secured our pioneers in all fields essential to the improvement of life and the pursuit of happiness?

Pascall, the French philosopher and mathematician, once said that "all the unhappiness of the world comes from the inability of a man to sit quietly in his chamber. Any man willing to remain at home and with money sufficient for his needs would never have to go to sea or to besiege a town." Imagine our world today if every man from the beginning had been content to sit quietly at home with his minimum physical wants satisfied with little effort by a benevolent government which took from the successful enough to bring up the standards of the consumer to that of the producer! Competition is not only the life of trade, but is the stimulus to progress in any form, and few things have done more for mankind than the competition of the scientist, the physician and the hospital in developing methods of prolonging life and alleviating physical ills.

We grant that it is the function of the strong to protect the weak, but we should not forget that *only* the *strong can* protect the weak. When all are equal, what protection exists for anybody save by joining the largest and strongest group, leading to the inevitable test of strength between groups, which is now destroying many of the fruits of our civilization?

It is the opinion of those who labor in the hospital field that nothing is more personal to the individual than his experience, once he enters our institutions as a patient. Each patient is quite justified in believing that he is our special concern while in our hands and that all our resources should be concentrated on treating him. We can do this only so long as we are encouraged to believe that our most skillful, intelligent and kindly efforts for the patient will bring rewards out of which we can make our service even better than it is—and that if, as a result of superlative service to the community a financial deficit results, an appreciative community will make up to us what we have spent in its behalf.

If we should apply to industry the levelling process proposed in the so-called Wagner Bill for our hospital system, as well as to the practice of medicine, why should we consider any difference in compensation for the skill of the machinist, or the locomotive engineer, or the hazards of the miner and the steeple-jack compared with that of the common laborer? Ultimately such a theory will base all compensation on the physical needs of the individuals, with results easy to imagine. All the laws in the world will not change the ratio of the diameter to the circumference of a circle, but they can in time check the ambition and energies of human beings by removing the incentive to apply their talents constructively.

Speaking with all the authority of his personal experience, Dr. Goldwater declared: "Hospital administration becomes increasingly difficult in proportion to the remoteness of the controlling power. * * * I learned by experience how little a conscientious commissioner can really know about the proficiency and attitudes of the individuals comprising the medical staffs of a string of government hospitals under central direction; although the 27 hospitals under my management were all located in a single city, I know now that I was blind to many of their faults."

Moreover, Dr. Goldwater held that the voluntary hospitals on the whole have a better record for quality and quantity of service and for meeting community needs than have governmental hospitals. In such fields as hospitalization for the tuberculous and the mentally ill, which have been largely served by governmental institutions, he pointed out, the facili-

ties are seriously inadequate and the hospital budgets are starved. Moreover, general hospital care for the sick poor, although it is an accepted government responsibility, is still provided to a greater extent by charitable and religious institutions than by public hospitals.

"There are communities in which the indigent are being neglected," declares the advocate of a governmental hospital system; government must, therefore, undertake the administration of all hospitals. "As I see it," says Dr. Goldwater, "voluntary community hospitals are to be robbed of their indispensable freedom and the public deprived of invaluable services not because voluntary hospitals have failed but because the government has failed."

Our New Deal planners think of hospital care as a standardized article which will be the same wherever secured, like a cake of Ivory soap or a patented preparation with the formula attached. They fail to recognize that it is the spirit and intimate personal contribution of each worker in the hospital which makes its service a variable and perishable commodity, rising or falling in quality with the will, enthusiasm and effort of its creators and purveyors. No plan of remote control can maintain those elements in hospital care without which a precious and valuable service can become a poor, or even a loathsome thing.

Horace Mann, in his President's address at the opening of Antioch College, back in the 60's, speaking of the need of full physical vitality in the individual as essential to human achievement, said, "All along the life way of the high-minded but feeble-bodied man, the path is lined with memory's gravestones, where benevolent enterprises perished and were buried for want of physical vigor to embody them in deeds." If the future pathway of our voluntary hospitals is to be lined with monuments to their achievements, rather than to their good intentions, they must be free to exercise all reasonable control in the direction of their energies and in the development of their resources through the stimulus of local initiative and support.

That plan for non-governmental health insurance now commonly known as the "Blue Cross Movement", thanks to the efforts of Brother van Steenwyk and many others, is a most significant and promising stimulus and support to such a program. With it, we can go forward to new achievements. In the hands of local groups this device can be first a crutch, then a walking stick. In the hands of a bureaucratic government it can easily become a club, beating us all back into line, and, like the convoy, moving at the speed of the slowest ship.

THE GUILLOTINE AMPUTATION

1. Closed amputations are dangerous to life and wasteful of stump length in the presence of established infection or potentially infected extremities.

2. The local and systemic use of sulfonamide drugs has not obviated the dangers from closed amputations in the presence of infections.

3. The open or guillotine amputation is definitely indicated if the possibility of infection is present. Its use in the presence of infection will save life and also useful stump length.

4. The proper after-care of the guillotine amputation is an essential for good results. Continuous skin traction from the time of amputation is imperative if good results are to be obtained. Otherwise, reamputations with resultant loss of bone length will occur.—Major General Norman T. Kirk, U. S. A., and Lieutenant Colonel F. M. McKeever, M.C., A. U. S., J. A. M. A., Vol. 124, No. 15, p. 1027.

IT'S A MATTER OF TEAM WORK

J. LOUIS NEFF
Executive Director, The American Society for the Control of Cancer, New York

The student of current medical literature cannot fail to be impressed with the dramatic strides which have taken place within the past few years in the field of cancer control. Even the casual reader must recognize that the very bulk of the cancer literature is of itself impressive. Whereas a few years ago practical, usable articles on the diagnosis or treatment of cancer or on the management of the cancer patient were relatively infrequent, today the special journals, the state society journals and even the county medical society bulletins present their readers with a wealth of valuable material.

The reason for all this is rather simple: Out of that varied and complex group of diseases which we speak of as Cancer, more and more types and varieties are being placed in the group considered curable. Starting with the simple skin lesions, more and more cancers have been added to the "curable" list until today even the most confirmed and enthusiastic pessimist has difficulty in building up a very long list of cancers for which he cannot hold out some degree of hope. The optimist—and the cancer specialist—looks upon the bulk of the cancer patients as being worthy of every effort to cure, and he looks for a fair measure of success provided he can get his patients at an early stage of the disease.

This is a matter of team work. The groups who are working in the fields of pure research, biological, chemical, physical, and the groups working in the fields of clinical research, are forging new weapons for the clinician to use in his fight against the disease. The diagnostician, the surgeon and the radiologist are using these new weapons with constantly increasing success.

Team work plays a greater rôle in the diagnosis and treatment of cancer than in perhaps any other disease. The general practitioner who suspects that his patient has cancer will certainly seek help from the special groups. Even the cancer specialist will call to his assistance the pathologist, perhaps the roentgenologist, or the representative of any one of several special branches of medicine and surgery.

This is the type of medical team work with which we are all familiar, but there is another member of the team who is just as important as any or all of the others. That team member is the patient himself. The best of diagnostic and treatment skill is able to offer little help or little hope to the patient who has delayed seeking medical advice until his cancer has grown and spread and multiplied. Cancer does not shriek its presence by the kind of pain which drives a man to the dentist.

Pain in fact has been called a symptom of death, not of cancer. We know that, but the patient usually does not. Early cancer generally presents rather vague, confusing and apparently trivial symptoms. In the absence of pain the uninformed patient is apt to temporize, to delay, to "wait and see if it doesn't go away". Even if the patient suspects that he is suffering from cancer, fear of the disease and the unjustified but all too prevalent hopeless pessimism will often keep him from seeking the immediate treatment which offers him his only chance of a prolongation of life. How often do we hear, "I didn't go to a doctor because I was afraid he would tell me I had cancer. I'd die if anyone told me I had that."

Fear, Ignorance, and *Delay* are the handmaidens of *Death* for the cancer patient. Although they recognize that many types of cancer offer considerable hope of cure when treated in their early stages, even the most enthusiastic workers in the field of cancer control know to their sorrow that late cancer presents a pretty grim picture.

Delay in getting cancer under treatment at a favorable time arises from one or more of three sources. The first delay is on the part of the patient who fails to recognize or refuses to report significant early symptoms. The second delay is on the part of the physician to whom the patient first reports. This physician

also may fail to recognize the true importance of the apparently trivial complaints of his patient; he also may decide to "wait and see" before he refers his patient to a specialist or before he himself undertakes the necessary diagnostic procedures. The third source of delay is the non-availability of the necessary specialized skills and equipment for the establishing of the diagnosis or for the necessary treatment.

The Medical Society of New Jersey has demonstrated dramatically that medical care is readily available to all residents of the state who seek it. This removes from consideration the excuse for the third type of delay. The medical profession of the state is alert, well trained, and through their medical societies and local hospitals have ample opportunities for post-graduate study which keeps them aware of the rapidly changing medical picture, including the developments in the field of cancer diagnosis and treatment. The second source of delay is thus also minimized and becomes relatively unimportant.

We are forced to the conclusion then that the chief reason why the tumor clinics, the hospitals and the surgeons are seeing too high a percentage of late cancer cases is because the general public does not know how to protect itself. The problem thus resolves itself into one of education: not education of the doctor, that work is being well done by the State Medical Society and its component county organizations, but the education of the general public,—of the prospective future cancer patients.

Just as we have team work between the research worker and the practitioner, and team work between the patient, the family physician and the specialist, the broad program of cancer control also requires team work. This team must consist of three groups: First are the official agencies for health and welfare and the related voluntary groups. Through this group the community secures the necessary physical facilities for diagnosis, treatment, and hospitalization. The second group is the medical profession, the practicing physicians under the leadership of their state and county medical societies. This group provides the diagnostic and treatment skills and is constantly seeking to increase these skills. The third group is composed of the people who are grappling with the problems of public education. Each group is vital to the success of the program; each has its own special rôle to play. The program of education is the latest addition but by no means the least important member of the team.

This program is the self-imposed task of the Women's Field Army of the American Society for the Control of Cancer. Through meetings of lay groups to be addressed by competent physician speakers; through the distribution of literature; through posters, displays and exhibits; through the newspapers, the radio and other legitimate sources of public information, the volunteer workers of the Field Army—throughout the nation—are trying to spread the message of hope as a substitute for the present fear. They are trying to provide the means of enlightenment to replace the present ignorance. By removing fear and ignorance they hope to minimize delay and thus to give to the physicians of the nation an opportunity to give to the cancer patient the benefits of modern medical skills and knowledge for the prolongation of human life.

In a signed editorial appearing in the March, 1944, issue of the Wisconsin Medical Journal, L. J. Van Hecke, M.D., makes the following significant statement:

"* * * For years, our contact with the public has not been frequent enough to acquaint them with our needs and the earnestness of our mission to see that all men remain healthy as long as possible. Obviously, we have failed to impress certain people with our sincerity in being handed the reins of health control. Current legislation would take this from our hands. If our contacts with the public were of a better and more frequent type, an informed citizenry would not allow us to be assailed with abusive legislation. Let us grasp the opportunity then to present ourselves at every possible opportunity, wherever the women of the Field Army arrange for us to be heard, so that we may show our sincere interest in the public's welfare. Today the cancer problem remains in the hands of the practicing physician. No large agency can take his place, for he must know

his patient's background in diagnosing cancer. No other disease requires so much knowledge of the person's previous state of health. This also includes a family history. Let us not hesitate, therefore, to take part in this program and show ourselves keenly interested in the work to which we are all dedicated—the maintenance of health of all the people."

This sums up the case for the Women's Field Army better than we could do it ourselves. We commend it to the attention of our medical friends in New Jersey and elsewhere.

350 Madison Avenue

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Barlow, Frank A. (Paterson)
Proper placement of women in industry. J. A. M. A. 124: 687-691, Mar. 11, 1944

Bergsma, Daniel, and Russell Stein, B.Sc. (Trenton)
A method of transmitting gonococcus culture specimens through the mail. Amer. J. Syph., Gonor. & Ven. Dis. 27: 703-710, Nov. 1943

Berkow, Sam G. (Perth Amboy)
Burns incident to war. Measures for their prevention and treatment. Clinics 2: 1265-1294, Feb. 1944

Gross, Milton (Jersey City)—with Isadore A. Gerber, New York
Immunological specificity of sulfonamide protein conjugates as demonstrated by anaphylaxis in guinea pigs and the Schwartzman phenomenon in rabbits. J. Immunol. 48: 103-109, Feb. 1944

Hinton, S. H.—see Plume, C. A.

Keleman, Edward (Long Branch)
Meigs's syndrome. Am. J. Obstet. & Gynec. 47: 275, Feb. 1944

Levine, Philip (Newark)
Mechanism of the isoimmunization by the Rh factor of red blood cells. Standardization of anti-Rh serums. Arch. Path. 37: 83-90, Feb. 1944

McAlpine, Paul T., Capt. (Summit), with Conrad Berens, New York City
Solar kerato conjunctivitis associated with amblyopia. Amer. J. Ophth. 27: 3, Mar. 1944

Martland, Harrison S. (Newark)
Fulminating meningococcic infection with bilateral massive adrenal hemorrhage (the Waterhouse-Friderichsen syndrome) with special reference to the pathology, the medico-legal aspects and the incidence in adults. Arch. Path. 37: 147-158, Feb. 1944

Plume, C. A. (Succasunna) and S. H. Hinton (Parlin)—with others
"Cold vaccines" and the incidence of the common cold. J. A. M. A. 124: 555-557, Feb. 26, 1944

Schwidetsky, Oscar (Rutherford)
History of needles and syringes. Anes. & Anal. 23: 34-38, Jan.-Feb. 1944

Stein, Russell, B.Sc.—see Bergsma, Daniel

Stewart, Sloan G., Lt. Col. (Atlantic City), with Lt. Col. Guy C. Randall and Lt. F. Regis Rieseman
Hysterical homonymous hemianopsia with hemiplegia and hemianesthesia. War Medicine 4: 606-609, Dec. 1943

Wolf, I. J. (Paterson)
Further observations on the use of single massive doses of vitamin D in the prevention of rickets. J. Pediat. 24: 167-175, Feb. 1944

AMERICAN COLLEGE OF CHEST PHYSICIANS, NEW JERSEY CHAPTER

ANNUAL MEETING

The annual meeting of the New Jersey Chapter of the American College of Chest Physicians was held at the Hotel Claridge, Atlantic City, N. J., on April 26, 1944. There was a luncheon attended by many members of the College. The business activities of the College and plans for the future progress were discussed. Election of officers was held with the following results:

President: Dr. Stephan A. Douglass, Paterson
Vice-President, Dr. Irving Willner, Newark
Secretary-Treasurer, Dr. Harold S. Hatch, Morristown

STATE ACTIVITIES

THE ANNUAL MEETING

The One Hundred and Seventy-eighth Annual Meeting of The Medical Society of New Jersey was held April 25, 26 and 27, 1944, at the Claridge Hotel in Atlantic City. About four hundred and fifty members and four hundred guests attended. The meeting was especially interesting from several standpoints. It served to bring together many of our members to discuss the important subjects which vitally concern our profession today.

As before, the Technical Exhibits were very informative. The thirty-five exhibits brought up to date many aspects of therapy. Since these exhibits assure the financial success of our meeting, it was a pleasure to find the exhibitors well satisfied with our interest.

The Educational Exhibits, five in number, were most instructive and helped to compensate for the absence of the scientific exhibits, which were impossible to present due to present wartime conditions. The Motion Picture Theatre, showing scientific releases in color and sound, was well attended.

The Section Meetings under the chairmanship of Dr. John Gray of Newark were a decided asset to the convention. Scientific papers in Medicine; Radiology; Pediatrics; Eye, Ear, Nose and Throat; Surgery; Obstetrics and Gynecology; Gastro-enterology and Proctology were read by outstanding members of our Society and visiting speakers. It was inspiring to see the large and interested attendance at all these meetings.

The House of Delegates held three sessions during the meeting. Many important subjects were discussed. All committee reports were accepted and some resolutions, notably one concerning the E. M. I. C. plan, were passed. There was a general spirit of harmony concerning all our problems.

Two General Sessions were held. Both were noted for their outstanding contributions. At the first session, Dr. Louis Bauer spoke on Post-War Planning; Dr. Robin C. Buerki on Post-War Education; and Dr. Walter H. Judd on A Country Doctor in Washington. Every one of the large audience left the auditorium greatly impressed, and more or less optimistic concerning our professional future. There should be many aspirants for seats in Congress after hearing Dr. Judd's stirring talk. At the second session, Mr. E. A. van Steenwyk spoke on Voluntary Health Insurance, and a most enthusiastic climax was reached when Capt. Don S. Knowlton, M.C., U.S.N.R., literally "brought down the house" with his stirring address—The Marines Have Landed.

The Banquet honoring Dr. and Mrs. Ralph K. Hollinshed, sponsored by the Woman's Auxiliary, was an outstanding success. One of the largest attended banquets in the past several years, it afforded an opportunity to hear our President, Dr. Hollinshed, deliver a masterly address, and gave us the privilege of hearing the President of the American Medical Society, Dr. James E. Paullin, speak on Planning for Medical Service in the Post-War Period.

ATTENDANCE

1944 ANNUAL MEETING

County	Delegates	Members	Total County Registration	Woman's Auxiliary
Atlantic	8	38	46	38
Bergen	11	3	14	4
Burlington	7	7	14	13
Camden	13	26	39	19
Cape May	3	2	5	..
Cumberland	4	5	9	..
Essex	40	49	89	22
Gloucester	5	7	12	9
Hudson	23	17	40	9
Hunterdon	2	1	3	..
Mercer	13	9	22	9
Middlesex	7	9	16	7
Monmouth	8	9	17	3
Morris	7	6	13	..
Ocean	1	1	2	1
Passaic	18	6	24	8
Salem	4	4	8	..
Somerset	3	3	6	2
Sussex	1	..	1	..
Union	16	11	27	7
Warren	2	2	4	3
Totals	196	215	411	154

SUMMARY

Members of The Medical Society of New Jersey	411
Visiting New Jersey Physicians	16
Visiting Out-of-State Physicians	10
Total Physicians	437
Woman's Auxiliary Members	154
Visitors	162
Technical Exhibitors	90
Total Registration	843

Through the courtesy of the Commanding Officer, a large group of members made a tour of the England General Hospital on Thursday afternoon, following the adjournment of the meeting.

Two beautiful leather wallets were won by Drs. Harry V. Hubbard of Plainfield and William R. Little of Trenton in the prize drawing sponsored by the Mennen Company.

As Chairman of the Committee on Annual Meeting, I wish to thank the members of our committee; our President, Dr. Hollinshed; Dr. John Gray; the Chairmen of the Scientific Section Meetings; Mrs. James H. Mason, General Chairman of the Woman's Auxiliary; and Miss Ada Taylor of the Claridge Hotel for their whole-hearted support. In particular, I should like to express sincere thanks to Mrs. Edith L. Madden, Acting Executive Officer, and her staff. The great success of the meeting is due, in a large part, to her wise planning and keen executive ability.

Harrold A. Murray, M.D., Chairman,
Committee on Annual Meeting.

NUTRITION IN EVERYDAY PRACTICE

S. William Kalb, M.D., Newark, N. J.
Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. *Is chocolate milk nutritious?* No. Cocoa (chocolate) decreases the digestibility of milk proteins. It also causes a retention of calcium and phosphorous, thereby lessening the nutritional value of the milk.
2. *Does toasting bread destroy the vitamins?* Unriched white bread loses 30% of thiamin when toasted dark. In enriched white bread and in 100% whole wheat bread, about 5% of the thiamin is lost in light toast, 12% in medium toast, and 20% in dark toast.
3. *Are peppers harmful in a diet?* On the contrary, peppers are rich in carotene and ascorbic acid. Hence, chile con carne, hot tomales, and any salad with green or red peppers may be classified as nutritious foods.
4. *How are vitamins affected by hyperthyroidism?* This condition calls for increased amounts of vitamin A, thiamin, pantothenic acid, pyridoxine, and ascorbic acid. Increased liver damage and increased metabolism and excretion are responsible for the loss of these vitamins in hyperthyroidism.
5. *Should pork be eliminated from a diet?* No, pork is one of our best natural sources of thiamin. A pork chop, even when fried, supplies the total daily requirement of vitamin B_1. The pig is able to store this vitamin better than any other domestic animal.
6. *What is the optimal vitamin A requirement in normal infants?* 100 to 200 I. U. of vitamin A per kilogram (2.2 lbs.) are required daily to maintain normal blood concentrations of this vitamin. This can be given in the form of U. S. P. cod-liver oil.
7. *Can the hemoglobin in the blood be regulated by diet?* Yes, an adequate quantity of dietary protein is necessary for normal hemoglobin formation. If a patient is anemic and is on a low protein diet, the therapeutic use of iron will have no value in raising the hemoglobin.
8. *Is there a loss of vitamins in dehydrated vegetables?* Yes, the loss is considerable, especially in ascorbic acid, and in carotene to a lesser degree.
9. *Does calcium pantothenate restore gray hair?* No scientific evidence exists that gray hair can be restored to its natural color in man by this or any other vitamin. It has never been determined that there is a deficiency of this vitamin in the human diet.
10. *What is the treatment of persistent adolescent acne?* Pyridoxine (vitamin B_6) 10 mg. q. i. d. Improvement may be observed within two weeks. Medication should be continuous for not less than six months to prevent recurrences and relapses commonly noted in adolescent acne.
11. *How can red cell formation be hastened following hemorrhage?* New red cell production may be obtained by a low fat diet. Excess fat in the blood serum makes the red cells fragile and destroys them easily.
12. *What nutritive value has celery?* None. It is a poor source of vitamins and minerals. It does, however, supply bulk in a low calorie diet.

DR. LUCIUS F. DONOHOE HONORED

At the Hotel Lafayette in New York on March 11th of this year a testimonial dinner was tendered to Dr. Lucius F. Donohoe by the Board of Directors of the Bayonne Hospital. It was in commemoration of the Fiftieth Anniversary of his appointment to the Medical Staff of that institution.

The dinner was attended only by the Board of Directors and their wives, the official heads of the hospital personnel and the Doctor's own clerical staff. It was considered too much of an undertaking to open the dinner to his lay and professional friends as accommodations for such an occasion could not be found anywhere.

The principal speakers at the dinner were Mr. George H. Mettam, President of the Board of Directors, and Mr. Chester Smith, his predecessor in that office. Mr. James J. McGrath, Secretary and Treasurer of the Board, read the following excerpt from the minutes of the meeting of the Board of Directors on March 9, 1944, and an illuminated bound copy of these resolutions was then presented to Dr. Donohoe by Mr. Smith with appropriate words of good will and felicity.

"March 12, 1944, will mark the Fiftieth Anniversary of the appointment of our Medical Director, Lucius F. Donohoe, M.D., to the Medical Staff of The Bayonne Hospital and Dispensary.

"The Records Testify that subsequent to his appointment he was elected Secretary of the Medical Staff September 29th, 1894, appointed Visiting Surgeon March 31st, 1896, elected President of the Medical Staff January 31st, 1917, elected to the Board of Directors February 8th, 1917, appointed Chairman of the New Hospital and Nurses Home Building Committee June 30th, 1926, and elected Medical Director August 11th, 1927.

"He served as President of both the Bayonne and Hudson County Medical Societies. He was President of the Medical Society of the State of New Jersey in 1925-26. He is a member of the Essex County Anatomical and Pathological Society, a Fellow of the American College of Surgeons, a Founder Member of the American Board of Surgery, and a Delegate from The Medical Society of New Jersey to the American Medical Association. He presently serves as Chief of Emergency Medical Service of the United States Citizens Defense Corps of the City of Bayonne.

"During World War I he served overseas in charge of the United States Army Base Hospital No. 37 at Romorantin, France, with the rank of Lieutenant Colonel. He was commended in a citation for Meritorious Service by the American Expeditionary Forces. The Republic of France conferred on him the Citation and Certificate of the Order of University Palms, grade of Officer of Academy, and again later made him a Chevalier of the Legion of Honor.



Dr. Lucius F. Donohoe

"With a keen interest in civic affairs he found time to constructively serve our community as a Commissioner for 12 years, during which period he was Mayor for eight years. He was a member of the Board of Education for seven years, serving as President in 1924 and 1925. He was a member of the Hudson County Park Commission for eight years and during this tenure of office he sponsored the development of the Bayonne County Park, which is a beautiful and living monument to his vision and enterprise.

"On This Memorable Occasion we, the Board of Directors of The Bayonne Hospital and Dispensary, desire to extend to Dr. Donohoe our heartiest congratulations, and to record our appreciation of his long and faithful fulfillment of the duties and responsibilities entrusted to him. In administering the affairs of

our Hospital he has displayed qualities of leadership, character and loyalty, which over the years have earned him the respect and esteem of his associates.

"We Are Confident That, as he enters upon another year of service as Medical Director, the attributes which have served him so well in the past will continue to ensure the cordiality of our relations, and we wish for him the fullest measure of health and happiness.

"Resolved, That a Copy of the foregoing bearing the corporate seal of The Bayonne Hospital and Dispensary and signatures of its officers, be suitably engrossed and presented to Dr. Lucius F. Donohoe in testimony of our deep regard for his steadfast adherence to the best traditions of the Medical profession, and for his exceptional contribution to the service of The Bayonne Hospital and Dispensary.

"George H. Mettam, President
James J. McGrath,
Secretary-Treasurer."

The dinner came as a complete surprise to the good Doctor but nevertheless he was able to make fitting reply to the kind thoughts and remembrances heaped upon him by the speakers. It was a memorable occasion in both his life and that of the Bayonne Hospital.

Mr. George Mettam, President of the Board of Directors, acted as Toastmaster and the other members of the Committee of Arrangements were Mr. James J. McGrath and Dr. S. R. Woodruff.

SUPPLEMENTARY LIST OF MEMBERS NO. 1

TO THE OFFICIAL LIST, MARCH 15, 1944

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

ACTIVE MEMBERS

Bossone, Jos. E., 172 Garfield av., Long Branch (13)
Braun, William, 406 Cooper st., Camden (4)
Brodkin, Louis, ARMY (7)
Brooke, Charles R., ARMY (7)
Brophy, Francis X., 55 Gifford av., Jersey City (9)
Buchanan, Robert W., 129 Summit av., Summit (20)
Burrus, Thomas P., 50 Thomas st., Newark (7)
Butler, Samuel S., 1100 Kaighn av., Camden (4)
Capio, Mario, 293 Broadway, Paterson (16)
Cherashore, Harry N., 363 Center st., Nutley (7)
Crowley, Joseph W., 4005 Westfield av., Camden (4)
Deignan, William L., 257 Dodd st., East Orange (7)
Denholtz, Emanuel, 16 Harrison pl., Irvington (7)
Dewis, Edwin G., 21 Westra av., Interlaken (13)
Ebenfeld, Samuel W., 344 High st., Newark (7)
Feldman, Joel, Rumson rd., Rumson (13)
Flynn, Edward A., 176 Washington av., Belleville(7)
Fruchtbaum, Robert P., 238 Franklin av., Nutley(7)
Grunt, Louis, 190 Clinton av., Newark (7)
Hampton, Geo. R., N.J. State Hosp.,Greyst'nePk.(14)
Herold, Harvey T., 850 S. 13th st., Newark (7)
Hersh, David H., NAVY (7)
Hill, John A., Cedar av., Allenhurst (13)
Jarecki, Max M., 527 Bangs av., Asbury Park (13)
Karnasiewicz, Francis M., 348 Pine av.,Garwood(20)
Kilts, Winfield S., 966 Garrison av., Teaneck (2)
Kramer, Douglas W., 1019 Park av., Plainfield (20)
Langston, Junius T., 521 E. 2nd st., Plainfield (20)
Lepree, Joseph A., 371 Morris av., Elizabeth (20)
Lewis, Jacob, 43 Court st., Freehold (13)
Liva, Arcangelo, 100 Prospect av., Hackensck (2)
Lovejoy, James L., 224 Somerset st., Bound Br'k(18)
Lovett, Irving K., 110 E. Front st., Red Bank (13)
Luksteid, Casimir J., 326 Park av., Paterson (16)
Maffongelli, Joseph A., 494 River st., Paterson (16)
Matthews, William, 139 Broad st., Red Bank (13)
McCallum, Arthur S., 213 Clem'nts Br.rd.,B'r'gt'n(4)
McCullough, Walter A., Essex Co.Hosp.,CedarGr.(7)
Merrill, Charles F., 16 S. 3rd av., HighlandPark(12)
Miller, Robert B., 75 Bowers st., Jersey City (9)
Mishler, Jay E., ARMY (1)
Moriarty, John F., 723 Washington st., Hoboken (9)
Mulligan, Edward W., 23 Monmouth st., RedB'k(13)
Pearson, J. Gerald, 116 Livingston av.,NewBr'k(12)
Phillips, Claude B., 891 Haddon av., Collingsw'd (4)
Pittis, Harold E., 818 Park av., Plainfield (20)
Pollis, Nicholas L., 642 High st., Newark (7)
Prout, Charles D., 403 First av., Asbury Park (13)
Robbins, Charles M., 31 Lincoln Park, Newark (7)
Ruffer, Ralph A., NAVY (9)
Sabarese, Theodore C., 122 Marcellus pl.,Garfield(16)
Sarokhan, Joseph, 771 Madison av., Paterson (16)
Shipman, Meyer P., 575 Broadway, Paterson (16)
Smalley, Sara D., 530 Clifton av., Newark (7)
Tanner, Monroe J., Cincinnati, Ohio (2)
Teller, D. Woolsey, 28 DeHart st., Morristown (14)
Towbin, Adolph, 326 Third st., Lakewood (15)
Voorhies, Wm. S., Jr., State Hosp.,GreystonePk.(14)
Yankowitz, Bernard, 135 Bergen av., Jersey City (9)

ASSOCIATE MEMBERS

Edelson, Edmond, 190 Clinton av., Newark (7)
Wagener, Wm. L., Atlantic City Hosp., At. City (1)
Walker, Otto, 72 Carteret av., Carteret (12)

CORRECTION IN OFFICIAL LIST

Hughes, Frank J., 429 Cooper st., Camden—erroneously listed in Official List as Frederick J. Hughes, Jr.

CAPTAIN HENRY H. KESSLER WINS $1,000 AWARD

Captain Henry H. Kessler, U. S. N. R. Medical Corps, was presented with a $1,000 cash award for outstanding contribution to the rehabilitation of the war injured on April 20, 1944.

Captain Kessler, who is chief of staff at the Hasbrouck Heights Hospital, was chosen especially for his development of an artificial arm and accompanying operation which utilizes live muscles, and for his work at the Navy rehabilitation center. He entered active service in 1941 as a Lieutenant Commander. He spent fifteen months in the South Pacific treating casualties from Guadalcanal and New Georgia, and recently was transferred to a U. S. Naval Hospital on the West Coast where he is in charge of orthopedic rehabilitation for the Navy.

STATE BOARD OF MEDICAL EXAMINERS

E. S. HALLINGER, M.D., Secretary

Following is a report of the activities of the Board in enforcing the Medical Practice Act since our last report:

September 10, 1943, William J. Jemison of Asbury Park, an unlicensed chiropractor, paid a penalty for practicing medicine without a license.

September 10, 1943, George Lezenby, Sr., of Camden, an electro-therapist, paid a penalty for practicing medicine without a license. This was a fifth offense.

September 14, 1943, Dagny Soderberg of Montclair, a masseuse, was tried before Judge MacMahon of the First District Court of Newark, and found not guilty of practicing medicine without a license. Mrs. Soderberg gave massage, manipulation and short-wave treatments for various ailments.

September 29, 1943, John First of Montclair, who held himself out as "Dr. John First, Foot Specialist", pleaded guilty to a charge of practicing chiropody without a license before Judge MacMahon of the First District Court of Newark.

October 7, 1943, Salvador J. Abbatiello of South Amboy, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. This was the second case against him.

October 7, 1943, Thomas Satterthwaite of Audubon, an unlicensed osteopath, paid a penalty for practicing medicine without a license. He was practicing in the office and hospital of an osteopath holding a full license to practice medicine and surgery.

October 13, 1943, the license to practice medicine and surgery of Louis G. D'Elia, M.D., of Secaucus, was revoked by the Board on a charge of conviction of a violation of the Harrison Narcotic Act.

October 13, 1943, the license to practice osteopathy of Dean V. Porter, D.O., of East Hartford, Connecticut, was revoked by the Board on a charge of conviction of the crime of criminal abortion.

October 13, 1943, the license to practice midwifery of Julia Rusiecka of Parsippany was revoked by the Board on a charge of conviction of the crime of criminal abortion.

October 13, 1943, the matter of the revocation or suspension of the license to practice midwifery of Mary Hempel of Paterson on a charge of conviction of the crime of criminal abortion, which was continued from July 14, 1943, came on for a hearing before the Board and the case was discontinued.

November 14, 1943, Gustaf Wretman of Jersey City, who operates the Jersey City Health Institute, was tried before Judge Glavin of the First District Court of Jersey City on a charge of practicing medicine without a license and found not guilty. Wretman gave colonic irrigations, infra red lamp treatments, massage, manipulation and diets.

November 18, 1943, Herman H. Farber of Union City, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. This was the third case against Farber.

November 18, 1943, Albert J. Hagens of Teaneck, an unlicensed chiropractor, paid a penalty for practicing medicine without a license.

December 8, 1943, the following persons paid penalties for practicing medicine without a license:

G. Edgar Dean of East Orange, an unlicensed chiropractor. He holds himself out as an "Aquarian Age Healer", "Bio Mechanic" and "Bio Engineer". He made extensive physical examinations and adjusted the body with the aid of an especially constructed wooden frame in which the patient stands, and a plumb bob. He charged exorbitant fees.

Felix A. Lisena of Newark, an unlicensed chiropractor.

Michael A. Lisena of Newark, father of Felix. He is an unlicensed chiropractor and registered pharmacist. Lisena gave chiropractic adjustments, medicine and made urine analyses. This was a second offense. Since his arrest on this charge, he has been convicted in the Essex County Court of Quarter Sessions of the crime of criminal abortion, fined $1,000.00 and sentenced to from two to five years in State Prison.

Ida Scharfegger of Jersey City, who operates the Scientific Health Institute. She gave colonic irrigations, electric cabinet and short-wave treatments, massage, manipulation, ordered and gave medicine.

Philip Mitter of Newark, an herbalist. Second offense.

Elmer B. Nailor of Riverside, a registered pharmacist.

Michael M. Palazzi of Netcong, an unlicensed chiropractor. This was the third case against him.

December 8, 1943, the Board revoked the license to practice medicine and surgery of Frederick Bruno Henschel, M.D., of West New York, on a charge of conviction of the crime of criminal abortion.

December 15, 1943, Samuel Silber of Newark, a registered pharmacist, was tried before Judge MacMahon of the First District Court of Newark, and found not guilty of practicing medicine without a license. Silber counter-prescribed.

January 8, 1944, Raymond M. Bond of Trenton, a licensed chiropractor, paid a penalty for practicing medicine without a license. Bond exceeded his license by giving electric treatments.

January 12, 1944, the license to practice medicine and surgery of Adaline M. Francis, M.D., of Somerville, which was indefinitely suspended by the Board on February 18, 1942, was restored.

February 3, 1944, Randal J. Brown of Trenton, a registered pharmacist, paid a penalty for practicing medicine without a license. This was the eighth case against him.

February 3, 1944, Harrison Howell Gerow, D.O., of Clifton, a licensed osteopath, paid a penalty for practicing medicine without a license. He exceeded his limited osteopathic license by writing prescriptions, giving medicine, nose, throat and short-wave treatments.

February 3, 1944, Morris Levine of Paterson, a registered pharmacist, paid a penalty for practicing medicine without a license. This was the second case against him.

February 10, 1944, Max Messing of Jersey City, who operates the Bergen Health Institute, was tried before Judge Glavin of the First District Court of Jersey City on a charge of practicing medicine without a license and found not guilty of practicing medicine without a license. He gave electric and electric cabinet treatments and prescribed various remedies. He was convicted on the same charge on February 29, 1940.

March 6, 1944, Alfred Lindeman of Union paid a penalty for practicing medicine without a license. He gave massage, manipulation, used an electric vibrator and prescribed herb tablets.

Henry J. Schireson, M.D., of Philadelphia, Pennsylvania, whose license to practice medicine and surgery was revoked by the Board on April 15, 1942, on a charge of conviction of a crime involving moral turpitude, appealed to the Supreme Court and the action of the Board was sustained. He then appealed to the Court of Errors and Appeals and the judgment of the Supreme Court was reversed, thereby reversing the action of the Board.

OBITUARIES

DR. HUGH V. GILLSON

Dr. Hugh V. Gillson, Chief Medical Director of the Board of School Hygiene of Paterson, died on February 18, 1944, at his home after a lengthy illness.

Dr. Gillson was born in Paterson on July 29, 1888. He attended the College of Physicians and Surgeons at Columbia University for two years and then transferred to the Maryland University College of Medicine, graduating with honors in 1914.

Dr. Gillson served at a field hospital at Is-Sur-Tille, France, during World War I, and was prominent in veterans' activities, serving as post surgeon of Alexander Hamilton Post No. 139, Veterans of Foreign Wars.

Dr. Gillson was a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. LEON W. HACKETT

Dr. Leon W. Hackett, a practicing physician in Washington for twenty years, died suddenly on March 11, 1944, of a heart attack.

Dr. Hackett was born on December 14, 1897, near Clinton. He graduated from Lafayette College in 1919 with a degree of Bachelor of Philosophy. In 1923 he graduated from the Jefferson Medical College at Philadelphia. He served his interneship at Cooper Hospital, Camden.

Dr. Hackett, a veteran of World War I, was a member of the Warren County Medical Society, The Medical Society of New Jersey, the American Medical Association, and several local fraternal organizations.

DR. WOODBURN J. HUDSON

Dr. Woodburn J. Hudson of Pleasantville died on January 18, 1944, at the Hahnemann Hospital, Philadelphia.

Dr. Hudson was born in 1886. He was active in civic, fraternal and medical groups in Atlantic County. He was graduated from Atlantic City High School in 1906, entered Hahnemann Medical College and was graduated in 1910.

He was Medical Director of Pine Rest Sanitarium for eighteen years, and was a member of the Atlantic City Hospital Staff. He was a valuable member in various medical organizations. In World War I he was attached to the 64th Motor Ambulance Company at Camp Greenleaf, Ga.

Dr. Hudson was a member of the Atlantic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

COUNTY SOCIETY REPORTS

ATLANTIC COUNTY

Daniel C. Reyner, M.D., Reporter

A regular meeting of the *Atlantic County Medical Society* was held at the Atlantic City Hospital Solarium at 9:00 p.m., March 10, 1944, Dr. Theo. Boysen presiding.

The meeting began with the scientific program and Dr. Boysen introduced the guest speaker, DR. HARRY L. ROGERS, Chief of Allergy Clinic, Jefferson Hospital. His subject was "Practical Considerations of Present Day Allergy", and was discussed under the following classification:

1. Atopic, such as hay fever, asthma, and rhinitis and characterized by hereditary influences.
2. Hypersensitivity to infection.
3. Serum disease and drug sensitivity.
4. Contact dermatitis.
5. Familial and food allergy.

In asthma, heredity follows the Mendelian Law. Transmission is through the female. Boys lose their allergy at puberty and girls start at this point. The causes are divided into the intrinsic factors, such as bacterial infections and the extrinsic, such as dust, feathers, orris root and animals. In this group the history is of paramount importance. The common methods of testing are by the scratch or intradermal method, the latter being the more accurate and without danger if done with care. Other less important methods of testing are the intraocular, intranasal and indirect.

Examination of the patient must be complete and must include x-ray of the sinuses and the chest, Wassermann test and blood examination for eosinophilia and leucopenic index.

Treatment is directed towards the elimination of the offending substances and includes the use of hyposensitization injections, prolonged rest and the use of such drugs as adrenalin, aminophyllin, ephedrine, potassium iodide, etc.

Dr. Rogers is of the opinion that nasal surgery should not be performed in asthmatic patients before three months' treatment with hypo-sensitization injections and environmental care. X-ray therapy is of no value and oxygen combined with 20 per cent helium is effective in severe cases.

Hay fever cases must be individualized and the dosage of injection carefully calculated. Top dosage is unnecessary and synergistic treatment is definitely of value. There are three methods of treatment—the pre-seasonal, the perennial and the co-seasonal. The pre-seasonal is the method of choice for ideal results.

Rhinitis is similar to infectious hay fever and the diagnostic feature here is the eosinophile count in the nasal smear. Mild chemical cautery offers relief in some cases, as does x-ray therapy.

Contact dermatitis is commonly seen from such offending agents as poison ivy, plastics and cosmetics.

And finally, the last group includes migraine, urticaria, purpura and the physical allergies. The latter is very little understood and difficult to handle.

This very interesting presentation was discussed by DRS. HYMAN, BARBASH, BEIR and CAPT. KOLBE of the England General Hospital Staff.

DR. NORMAN SCOTT then discussed the Medical-Surgical Plan of New Jersey and appealed to the members of the Society to sign the participating agreement cards.

A motion was then made to dispense with the reading of the minutes of the previous meeting, due to the lateness of the hour.

As had been previously ordered by the President, annual reports of their activities for the present year were submitted by the chairmen of all committees.

No action was taken in the matter of merchandising "socialized medicine" to the general public through the medium of the Neptune Broadcasting Corp.

It was decided, after much discussion, not to sponsor a Health Section in the Press-Union Newspapers during the April meeting of the State Society because of the little time available for the collection of the necessary articles.

BURLINGTON COUNTY

T. B. Dickson, M.D., Reporter

The April meeting of the *Burlington County Medical Society* was held on the 13th at Riverton.

Dr. Hornberger introduced the guest speaker, DR. NORMAN SCOTT, who spoke on the Wagner-Murray-Dingell Bill and Medical-Surgical Plan of New Jersey. In discussing the Wagner-Murray-Dingell Bill, Dr. Scott pointed out its bad aspects. The Medical-Surgical Plan of New Jersey has had a great deal of research work done on it and satisfies the expressed desires of the people. Twenty-two states have similar plans, of which fourteen are in operation. The growth of the New Jersey Plan has been gradual, and it is now paying its own way. Many difficulties have been encountered and overcome. There are probably unknown problems still to be faced and solved. In closing, Dr. Scott said that the best way to combat the Wagner-Murray-Dingell Bill is to join the Speakers' Bureau in the County and to distribute pamphlets and literature.

The Trustees of the State Society have gone on record as being against the mass x-raying of people in the fight against tuberculosis, which has been under the auspices of the United States Public Health Service and the New Jersey Department of Health. DR. MARCUS NEWCOMB stated that if this mass x-raying of people were to stop, the fight against tuberculosis would be set back twenty years. This County Society went on record deploring the action of the Trustees of the State Society.

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The annual meeting of the *Cumberland County Medical Society* was held on April 11, 1944, at the Hotel Cumberland in Bridgeton.

The matter of fees in regard to treating Old Age Pensioners was agreed upon by the Welfare Board and the County Medical Society.

A resolution was adopted by the Society, in which the Society endorsed the recommendation of Dr. M. F. Sewall of Bridgeton for Second Vice-President of the State Medical Society.

As this was the annual meeting, the following officers for the coming year were elected:

President, Dr. Mary Bacon, Bridgeton
Vice-President, Dr. George Thomas, Vineland
Secretary, Dr. F. M. Ramsey, Millville
Treasurer, Dr. H. H. Wilson, Bridgeton
Reporter, Dr. H. S. Branin, Millville

Member of the Board of Censors (three years):

Dr. J. Franklin Reeves, Bridgeton

Members of the Executive Committee (one year):

Dr. H. G. Miller, Millville
Dr. H. B. Walker, Vineland
Dr. A. B. Kump, Bridgeton

Following this business session, the Society was addressed by Dr. William Harvey Perkins of Philadelphia, whose subject was: "Medicine and Applied Science". His paper proved very interesting and instructive, following which the Society adjourned.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on March 7, 1944, at the Masonic Club, Jersey City. The meeting was called to order by the Vice-President, Dr. Weber, at 9:45 p.m.

Dr. J. L. Evans read the following nominations for 1945:

President, Walter Weber
Vice-President, Hugh Tyndall
Treasurer, Anthony J. Conty
Secretary, Vincent P. Butler
Reporter, Harry J. Perlberg

Dr. Londrigan, Chairman, expressed satisfaction with the progress of the Wagner Bill Committee to date, stating, however, that there is an urgent need of speakers to address groups of physicians and also lay organizations. He asked that volunteers from the entire membership, as well as from this special committee, forward their names to the Secretary, Medical Center, at an early date. Informative literature will be sent to these volunteer speakers.

The following were elected to membership: Dr. Robert B. Miller, Jersey City, and Dr. Herman Frank, Bayonne. Dr. Walter Freyman of West New York was transferred from Medical Society of Queens, Inc.

The guest speaker, Dr. Frederick N. Smith, F.A.C.S., Surgeon of Presbyterian Hospital, Columbia University, was introduced by Dr. Walter D. Weber. He spoke on "Compound Fractures: (a) General Principles of Treatment, (b) The Use of Chemotherapy".

Dr. Smith's introduction dealt with the incidence of compound fractures today as compared with twenty-five years ago, stating that such injuries in the present world conflict have already quadrupled the figures of 1918.

He singled out the factor of infection for the sinister rôle it plays in delaying bone union, causing non-union, and at times necessitating amputation.

He named as elements contributing to end results—type and degree of contamination, loss of bone and soft tissue substance, joint involvement, and the site of fracture, whether to the upper or the lower extremity. The speaker stated that careful examination can not be emphasized too strongly.

Dr. Smith discussed important principles of treatment as follows:

1. Further trauma should be prevented. Injured extremity should be splinted as promptly as possible, taking splint to patient rather than the reverse. (The Thomas splint is considered best.)

2. The time elapsing between occurrence of injury and its treatment should be minimized. Compound fractures constitute a genuine emergency.

3. Thorough and complete debridement should be followed through. Scissors should not be used for this purpose.

4. Wound should be lavaged with thoroughness, using fluid in a forcible stream.

5. Bone and wound healing should be promoted by approximation of surfaces with special care to avoid tension in closure.

6. Fracture site should be fixed rigidly, using most desirable method. (Dr. Smith here described the advantages of the transfixation screw under certain conditions.)

7. Adequate circulation should be maintained postoperatively.

8. Functional activity should be promoted during convalescence.

Discussing the use of chemotherapy in compound fractures, Dr. Smith told his hearers that experience has taught that the use of a sulfa drug has been found advantageous in certain types of infection when used as an adjunct to surgical treatment. He strongly emphasized, however, that it does not replace any of the sound surgical principles enumerated.

He told of a recent study of 120 contaminated wounds made on the surgical service at Presbyterian Hospital. The purposes of this study were to establish the causes of infection, to determine if possible how they could have been prevented, and to obtain definite data relative to the value of chemotherapy. Cases in which chemotherapy was employed were studied in conjunction with a control group. The results of the study concerning chemotherapy indicated that the local use of a sulfonamide is of no appreciable value in preventing infection, either early or late.

It was interesting to note, Dr. Smith said, that of thirty-eight instances of compound fractures of the upper extremities, there were no infections—while of eighty-two compound fractures of the lower extremities twenty became infected.

In conclusion, Dr. Smith reiterated that chemotherapy could not be substituted for surgery. His

feeling is that the individual variation is so great that the important question is not concerned with the reason for getting good results but rather with the cause of poor results. Diligent study was advocated whenever unsatisfactory results are obtained.

DRS. BENJAMIN, LONDRIGAN, FRANK, CHAYES and MCNENNEY discussed the paper.

MIDDLESEX COUNTY

Henry T. Weiner, M.D., Acting Reporter

The February meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on February 16, 1944, at 9:00 p. m., with President Joseph M. Gutowski presiding. The minutes of the previous meeting were read and approved.

A motion by Dr. Mark was passed instructing the Secretary to send a letter of condolence to Dr. William C. Wilentz on the death of his mother.

Dr. Gutowski requested that the Secretary be notified of the release of any member of the U. S. Armed Forces from active service in order that such release may be reported to the State Medical Society.

DR. KENNETH M. LEWIS, Assistant Clinical Professor of Surgery, New York University College of Medicine, spoke on "The Stader Reduction Splint—Its Use in the Treatment of Fractures of the Shafts of the Long Bones".

Dr. Lewis' lecture, illustrated with motion picture film and lantern slides and demonstrated with a "patient model", was one of the most interesting and instructive lectures the members of the County Medical Society have been privileged to hear for some time, and the members who were unable to attend, although they may have read and heard much about the Stader Splint, missed an enlightening method of the treatment of fractures that will be used by many general practitioners and orthopedic surgeons in the near future.

Dr. Lewis told of the early use of the splint; of how it was first used on dogs in 1926 and how he was impressed with its simplicity. He told how rapid evolution of the splint took place after Pearl Harbor with the entire output going to the U. S. Navy.

The Stader Splint is made of stainless steel and comes in four sizes: small, medium, large and extra large, and it will be available to the general practitioner probably next month.

A more complete resume of Dr. Lewis' lecture will be found on page 6 of the March Bulletin.

Enthusiasm in the paper was well demonstrated by the interest displayed and a rising vote of thanks was extended Dr. Lewis.

The meeting was then adjourned and a collation was served in the hospital cafeteria.

The March meeting was held at the Roosevelt Hospital, Metuchen, on March 15, 1944, with Dr. Gutowski presiding.

DR. OTTO STEINBROCKER, Associate Attending Physician, and Chief of the Arthritis Clinic, Bellevue Hospital, New York City, was the guest speaker. Dr. Steinbrocker's subject, "The Treatment of Arthritis in the Elderly Patient", was well presented and created much interest to all present.

In opening his talk, Dr. Steinbrocker said the information on arthritis is tremendous and a vast amount of material on the treatment is available. Out of it all has come an effective aid in the method of procedures which if applied conscientiously greatly helps the patient. Success depends on a correct diagnosis and knowing with what we are dealing.

His remaining remarks were supplemented with lantern slides and informal remarks as the slides were presented.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held at the Board of Freeholders' Room at the Administration Building in Paterson on February 15, 1944. Dr. Charles J. Murn, President, presided.

DR. GLENN S. USHER, Chief of the Bureau of Venereal Disease Control of the State Department of Health, was the speaker of the evening. A film on syphilis was shown. It emphasized the early diagnosis and treatment of the disease. It revealed that dark field examinations should be done more frequently.

The picture was an excellent demonstration of what can be done in dramatic form in the field of preventive medicine. The photography was good and the sound excellent. This motion picture was not only educational but enjoyable.

An election of delegates and alternates for the Annual Meeting in April at Atlantic City was held.

DR. ANTHONY VERNAGLIA was elected to active membership and the following were elected to associate membership: DRS. LOUIS S. SACO, EDNA C. FREEDMAN and STEPHEN FORTAY.

UNION COUNTY

Norman W. Burritt, M.D., Reporter

The *Union County Medical Society* met at the Ilderan Outing Club, Rahway, on March 8th, 1944. The meeting was called to order by Dr. Lerman, President, at 9:00 p. m.

The minutes of the January 12th, 1944, meeting were accepted as printed in the Bulletin. The minutes of the Executive Committee meeting of March 6th, 1944, and the resolutions on the death of DR. SIMEON A. OLEYNICK were read and accepted.

DR. STANLEY R. WOODRUFF, Clinical Professor of Urology, New York Polyclinic Medical School and Hospital, New York City, gave a talk on urologic problems, followed by a discussion led by DR. IRWIN MARKOWITZ of Jersey City.

Dr. Lerman announced that DR. FREDERIC J. QUIGLEY, Executive Secretary of the Legislative Committee, The Medical Society of New Jersey, will speak at a meeting in Westfield on March 28th, 1944. This meeting is being sponsored by a large number of organizations in that vicinity who are interested in combating the Wagner bill. Members of the County Society are invited to attend and take part in the discussion.

Applications for transfers were received from Paul E. Bechet from New York County and Edgar M. Braun from Essex County. Two former members rejoined the Society: Elsie McClintock of Hillside and H. Benjamin Yagol of New York City.

Dr. Beatrice Prazak was introduced to the Society and signed the Constitution.

Amendments to the Constitution, submitted by Dr. Herschel S. Murphy:

Article III. Section 1. "Every legally registered physician holding the degree of doctor of medicine from an approved Grade A medical school, who is a citizen of the United States residing and practicing in Union County, who is of good moral and professional standing and who does not support or practice or claim to practice any exclusive system of medicine shall be eligible for membership."

Article III. Section 2. "Any legally registered physician holding the degree of doctor of medicine from an approved Grade A medical school residing and practicing in an adjoining county may become a member of this Society on receiving permission from the County Society in whose jurisdiction he or she resides."

No action was taken on these amendments which will be published in the next Bulletin and voted on at the April meeting.

The Nominating Committee, consisting of Dr. Watson B. Morris, Dr. N. B. Stanton and Dr. Thomas J. Walsh, was elected.

A discussion was held regarding the building of a county hospital as a post-war project for the chronically ill. It was moved that a committee be appointed to study the necessity and advisability of the establishing of a county hospital after the war for the chronically ill. The hospital would take care of all contagious cases in the county and would also include mental cases.

In view of the fact that so many of our members in the armed forces are members of essential committees, it was moved that where possible offices be filled by members in practice and that in cases where the offices run for a number of years, in the future alternates be elected to serve until members return to practice.

Dr. Lerman asked Dr. Weigel to give a report on the meeting held with the committee from the Board of Trustees of the State Society relative to the Medical-Surgical Plan which was held in Newark on February 27th. Dr. Weigel reported that the Board of Trustees now agree to certain changes in the contract as suggested by the County Society. There is now an enabling act before the Legislature which allows the Medical-Surgical Plan to change its contract. The Board approves the changes in the contract on subscribers' ceiling which would be made if the amendments to the Act are enacted.

In cases of insured whose income is above these ceilings, the fees should be agreed upon between them and their physicians and the sums stipulated in the contract should be applied towards the payment of those fees. This new contract is essentially the same one which was approved by the County Society about two years ago. After a detailed discussion it was moved that the members be circularized to consider the rescinding of the previous action of the County Society in regard to the Medical-Surgical Plan contract at the next meeting. Detailed information on this new Plan will also be published in the April Bulletin.

On April 5th, 1944, the annual meeting of the Society was held at Muhlenburg Hospital, Plainfield.

In spite of the disagreeableness of the weather, due to the famous Spring blizzard of 1944, there was a good attendance. This being the Annual Meeting there was no scientific paper. A discussion was held of the expected revised form of the Medical-Surgical Plan, which is the Medical Society's insurance plan for a non-profit distribution of the costs of medical care of patients in hospitals. The consensus of the meeting seemed to be that when the proposed plans are completed it will be adopted and supported by the Union County Medical Society.

The following officers were elected:

President, M. G. Bensley
First Vice-President, Elton W. Lance
Second Vice-President, Walter F. Phelan
Secretary, Frederick W. Lathrop
Treasurer, George T. Banker
Reporter, Norman W. Burritt
Trustee, Watson B. Morris—1947
Board of Censors, George Knauer—1949

SUMMIT MEDICAL SOCIETY

Carroll S. Thompson, M.D., Secretary

The fourth meeting of the *Summit Medical Society* was held on February 29th, 1944, at the Ciba Pharmaceutical Co., Summit, N. J.

A paper on "Acute Cholecystitis" was read by Dr. Harry H. Bowles of Summit.

The fifth meeting of the season was held in the lecture room of the Ciba Pharmaceutical Products, Inc., on March 28th at 9:00 p.m.

The speaker of the evening was Dr. F. I. Krauss of Chatham, N. J., who spoke on "Isolation and Quarantine for Contagious Diseases". Dr. Krauss presented this paper in a very able manner, placing emphasis on the need for more uniform laws in reference to quarantine, especially among neighboring municipalities, and closing his paper with a plea for a more scientific approach to this subject, following an intelligent review of all the laws throughout the country.

The paper evoked much discussion, followed by a resolution offered by Dr. H. P. Dengler, Health Officer of Summit, as follows:

"That the Summit Medical Society through a committee to be appointed, undertake to streamline the rules and regulations governing communicable and contagious diseases, and the scope of the movement to involve the County of Union and neighboring municipalities."

This resolution was passed.

A resolution was also passed, "That we offer to care for the members of the servicemen's families for the fees which they can afford to pay."

WOMAN'S AUXILIARY

MRS. DAVID B. ALLMAN

1944-45 PRESIDENT

Our President, Mrs. David B. Allman, was born in Lachine, Quebec, and educated in the public schools of Ottawa, Ontario, Canada. She is the daughter of the late Mr. and Mrs. William Bothwell.

In 1915 she came to the United States to enter training, on September 15th, in the Atlantic City Hospital Training School for Nurses, from which she was graduated in 1918. She then became associated with the Staff of the Atlantic City Hospital.

On November 1st, 1922, she married Dr. David B. Allman, who is at present the Senior Surgical Chief of the Atlantic City Hospital, and who is also active in the affairs of The Medical Society of New Jersey.

Mrs. Allman has continued her interest in nursing affairs and has been active in the Nurses' Alumni Association of the Atlantic City Hospital ever since her graduation. She has been active in Red Cross affairs for several years, having served as Co-chairman of the Nurses' Aide Committee since its inception, and also serving on the Nurse Recruitment Committee.

Mrs. Allman was President of the Woman's Auxiliary to the Medical Society of Atlantic County in 1942-43. She has served as Director to that Auxiliary for three years. She has also served for two years on the Board of Directors of the Woman's Auxiliary to the American Medical Association, and has been a member of the Finance, Nominating and Revisions Committees.

Mrs. Allman efficiently served as Chairman of the Committee on Arrangements for the Annual Meetings of the Woman's Auxiliary to The Medical Society of New Jersey in 1940, 1941, and 1942, and also as Chairman of Entertainment for the American Medical Association when it met in Atlantic City in 1942.



Mrs. David B. Allman

Mrs. Allman is a member of the Board of Directors of the Atlantis Building and Loan Association of Atlantic City.

She resides at 104 St. Charles Place, Atlantic City, and maintains a Summer home on Brigantine Boulevard, Brigantine, New Jersey.

THE 17th ANNUAL MEETING

Mrs. Lodovico Mancusi-Ungaro, Chairman of Press and Publicity

The 17th Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey took place in Atlantic City, Tuesday, Wednesday and Thursday, April 25, 26 and 27. A Pre-Convention Board Meeting was held on Tuesday at the Hotel Claridge, as was a tea honoring Mrs. Eben J. Carey of Wauwatosa, Wis., President of the Woman's Auxiliary to the American Medical Association.

On Tuesday evening at the Seaside Inn there was the annual dinner of the Fellowettes, an organization of all the past presidents of

the Woman's Auxiliary to The Medical Society of New Jersey, at which time honor was paid to Mrs. A. Haines Lippincott of Camden, President of the Fellowettes and the first President of the Woman's Auxiliary to The Medical Society of New Jersey. She was presented with a gift from the other Fellowettes.

On Wednesday at the luncheon in honor of Mrs. Asher Yaguda of Newark, the outgoing President of the Woman's Auxiliary to The Medical Society of New Jersey, Dr. James E. Paullin of Atlanta, Ga., President of the American Medical Association, and Mrs. Eben J. Carey, President of the Woman's Auxiliary to the American Medical Association, were the guests of honor.

Dr. Paullin said that there are now 55,000 physicians fighting in the Armed Forces to preserve democracy; that the Woman's Auxiliary, like the Medical Society, maintains the ideals of organized medicine; that as Auxiliaries they are to assist their local Nursing Councils for War Service in the procurement of nurses and the enlistment of cadet nurses. At the present time this constitutes a real emergency, and civilian needs will have to be filled in so far as possible by Nurses' Aides as further demands are made on the nursing profession.

Mrs. Carey stated that New Jersey was splendidly organized along the lines laid down by the national Auxiliary. She asked Auxiliary members to become more familiar with the pending legislation affecting medicine; and that we interest ourselves in aiding the Nursing Council for War Service as staff assistants or as members of the speakers' bureau. Only 41 per cent of the quota for enlistment has been filled.

A third project, that of juvenile delinquency, is one in which we can be of great benefit to the community. Because of our Doctor relationship we can get closer to the parents than social workers.

Mrs. Carey urged that we subscribe to The Bulletin to keep abreast of current legislation. The most subversive legislation ever pertaining to organized medicine is now in committee in Congress, and even if this section dealing with medicine and hospitals is deleted from the bill, we must beware that it is not presented in another guise. No survey can find that medical care is really lacking; the people of the United States are in better health than anywhere else in the world.

It is not possible for the A. M. A. to file any counter-proposal, because this is essentially a local problem which must be solved on a local level. We should always remember that the Auxiliary is the one organization to which we may belong because of our husbands' profession; that we have an important responsibility in the community because of our husbands, and that we should band together to make ourselves felt in community activities.

Mrs. Carey thanked all of the New Jersey members for their gracious hospitality towards her, and extended a cordial invitation for us to come to the National Convention in Chicago, so that she might reciprocate.

At the end of the luncheon the past-president's pin was presented to Mrs. Yaguda by Mrs. Lippincott. The installation of Mrs. David B. Allman of Atlantic City as President of the Woman's Auxiliary to The Medical Society of New Jersey for 1944-45 took place at 3:00 p. m. in the Solarium of the Hotel Claridge.

EXECUTIVE BOARD MEETING

Mrs. Lodovico Mancusi-Ungaro, Chairman of Press and Publicity

The third meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Executive Offices of the Medical Society in Trenton, on March 13, 1944, with Mrs. Asher Yaguda, President, presiding.

After a business session in the morning, a buffet luncheon was served.

Dr. Royal A. Schaaf, Chairman of the Committee on Public Relations of The Medical Society of New Jersey, sketched the development of the Medical Society.

The Society was organized in 1766 for the education and social welfare of its members. In 1900 it assumed the additional function of public health. In 1910 The Medical Society of New Jersey added the function of adviser to the legislators of the State, and was consulted on bills of medical interest. And now the medical profession has included in its duties the education of the general public in problems relating to their welfare, foremost of which is the present Wagner-Murray-Dingell Bill.

Public Relations means the effort to secure and to retain the good will of the public. The Woman's Auxiliary to The Medical Society of New Jersey must have a definite set of principles to be promulgated. The Medical Society feels that every effort should be bent to retain the type of medical practice wherein the individual care of the individual patient by the individual physician is maintained. Medical care must be made available to everyone at what he can afford to pay. The Medical Society believes everyone is entitled to the four necessities of life—food, clothing, shelter and medical care, but believes also that these should be obtained without bureaucratic control. The Medical Society, representing organized medicine, is not opposed to the ideals of the Wagner-Murray-Dingell Bill, but to the methods by which they are to be obtained. Government aid should be limited to the group that really needs it. We cannot take a negative attitude; we must offer an alternative, such as the Medical-Surgical Plan of New Jersey, now in operation.

The Public Relations Committee should cooperate with all agencies devoted to public welfare for the purpose of solving local welfare problems of the community.

The Woman's Auxiliary is the best agency the physicians have for public relations. A platform of basic principles should be set up for the state, but the manner of attainment should be left to the individual county. Every program should have as its ultimate goal the furtherance of the interests of the medical profession in the good will of the community.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel Salasin, Chairman of Press and Publicity

Mrs. Daniel C. Reyner was nominated as President of the *Woman's Auxiliary to the Atlantic County Medical Society* at a luncheon meeting held recently at the Madison Hotel, Atlantic City. Mrs. Reyner was in charge of the luncheon and Mrs. G. Ruffin Stamps conducted the business meeting, at which nominations were presented by Mrs. David B. Allman.

In addition to Mrs. Reyner, nominations were: Mrs. Robert A. Bradley, President-Elect; Mrs. Charles Hyman, First Vice-President; Mrs. V. E. Johnson, Second Vice-President; Mrs. J. Carlisle Brown, Treasurer; and Mrs. Louis Rosenberg, Recording Secretary.

Mrs. James Mason III, Chairman of the State Nominating Committee, reported on the nominations for state offices.

Captain Marco Bonsigmore, who has returned after 18 months' service overseas, during which time he was with the First Infantry Division through the African and Sicilian campaigns, spoke in behalf of the Red Cross War Fund. He stressed the importance of the fine work done by the Red Cross overseas. The workers are invaluable to the fighting men for many reasons, the most important of which is plasma, which Captain Bonsigmore credits with having saved countless lives.

Bergen County

A reorganization meeting was held at the home of Mrs. Floyd Keir. Mrs. Donald McLane was elected President Pro-tem, Mrs. Philip J. MacLaren, Recording Secretary, and Mrs. Walter Farr, Treasurer. Following the business meeting Dr. Norman M. Scott spoke on Medical Legislation with special reference to the Wagner-Murray-Dingell Bill.

Burlington County

Mrs. Dean H. LeFavor, Chairman of Publicity

On March 6 at the home of Mrs. Thomas J. Summey, Moorestown, the Auxiliary held a meeting at which Mrs. Asher Yaguda, President of the State Auxiliary, was the guest of honor. Tea was served following the meeting.

Camden County

Mrs. A. M. K. Maldeis, Chairman of Publicity

On March 7, a regular meeting of the Auxiliary was held at the home of Mrs. H. Wesley Jack, Haddonfield, with Mrs. Lester Wilson, President, presiding. Election of officers took place.

The annual Public Relations Meeting of the Auxiliary took place on March 26 at the Camden Woman's Club. Dr. James Shipman discussed the "Prevention of Blindness", and Dr. William T. Read, Jr., talked on "Plasma". Mrs. Asher Yaguda, President of the State Auxiliary, was the guest of honor and spoke on Medical Legislation. Lt. Ruth Hunt, Army Nurse, told of her experiences overseas. "A Surgeon's World" was reviewed by Mrs. Max L. Weimann.

Essex County

Mrs. Lodovico Mancusi-Ungaro, Chairman of Publicity Pro-tem

The Woman's Auxiliary was hostess to The Contemporary Club of Newark at the Academy of Medicine on March 21. Dr. Benjamin Saslow spoke on "Nutrition in Wartime", and Dr. Charles Schneider, President-Elect of the Essex County Medical Society, gave an address of welcome.

A Board meeting was called for April 17, at which Mrs. Harry Comando, President, presided.

Dr. Norman M. Scott, Medical Director of Medical-Surgical Plan of New Jersey, has been holding

classes for the members of the Essex Auxiliary interested in acquiring thorough knowledge of the Wagner-Murray-Dingell Bill. These have been held regularly throughout the month of April. Two demands to debate in public on this issue before women's groups have already been received, one with a C. I. O. opponent.

Gloucester County

Mrs. C. A. Bowersox, Chairman, Press and Publicity

The *Woman's Auxiliary to the Gloucester County Medical Society* held their regular business meeting at the home of Mrs. Paul M. Pegau on April 20.

Delegates were appointed to the State Medical Convention to be held in Atlantic City. The President, Mrs. Guy Campo, presided. There were seven members present.

Middlesex County

Mrs. C. F. Merrill, Chairman of Publicity

A covered dish supper was held at the home of Mrs. Ralph J. Faulkingham, New Brunswick, on April 19, 1944, followed by a very interesting meeting. The President, Mrs. Robert B. Walker, presided.

Among the many subjects discussed was the Cancer Program, for which we sent our donation of ten dollars.

The Nominating Committee was appointed and will present nominations at our annual spring luncheon, which is to be held in May.

Cards were enjoyed following the meeting.

Monmouth County

On April 21 a reorganization meeting was held at the Monmouth Memorial Hospital, Long Branch, with Mrs. Samuel W. Hausman of Red Bank acting as Chairman. Mrs. F. Lawton Hindle of Red Bank and Mrs. James Fisher of Asbury Park were the chairmen of the Reception Committee. The following officers were elected: President, Mrs. Murray Woronoff, Keyport; Recording Secretary, Mrs. William DeLia, Freehold, and Treasurer, Mrs. Joseph Bossone, Long Branch.

Following the business meeting Dr. Granville L. Jones, President-Elect of the Monmouth County Medical Society, spoke for Dr. Otto R. Holters, President, who was unable to be present. He stressed the value of an Auxiliary, and said that he was happy to see one organized.

Dr. Norman M. Scott, Medical Director of Medical-Surgical Plan of New Jersey, spoke on Medical Legislation with special reference to the Wagner-Murray-Dingell Bill.

Tea was served following the meeting. Mrs. Asher Yaguda, President of the State Auxiliary, was present in her official capacity. Also present was Mrs. Don Epler, Organization Chairman for the State Auxiliary.

Union County

A reorganization meeting open to the wives of Union County physicians was held at the Academy of Medicine in Newark on April 19. Mrs. Don Epler, Organization Chairman for the State Auxiliary, was chairman for the meeting, assisted by Mrs. Harry Comando, President of the Essex County Auxiliary. Mrs. Comando welcomed the Union County group. Mrs. Harry Hubbard of Plainfield was elected President pro-tem; Mrs. Walter S. Booth, Recording Secretary; and Mrs. Ernest I. Kyle, Treasurer. Following the business meeting Dr. Norman M. Scott spoke on the Wagner-Murray-Dingell Bill.

Warren County

Mrs. Herman Baldauf, Chairman of Publicity

The *Woman's Auxiliary to the Warren County Medical Society* met on March 21 at the home of Mrs. Ralph Buchanan. Mrs. Shimer, President, conducted the business meeting and gave a resume of the year's activities.

A luncheon meeting was held at Morrie's Acres on April 18, with Mrs. Asher Yaguda, President of the State Auxiliary, as the guest of honor.

BOOKS RECEIVED FOR REVIEW

Clinical Lectures on the Gallbladder and Bile Ducts. By Samuel Weiss, M.D., F.A.C.P. Pp. 504. Chicago, Year Book Publishers, Inc. 1944. $5.50.

Medical Care of the Discharged Hospital Patient. By Frode Jensen, M.D., H. G. Weiskotten, M.D., and Margaret A. Thomas, M.A. (Oxon.) Pp. 94. New York, The Commonwealth Fund. 1944. $1.00.

The Principles and Practice of Medicine, originally written by Sir William Osler, Bart., M.D., F.R.C.P., F.R.S., designed for the use of Practitioners and Students of Medicine. By Henry A. Christian, A.M., M.D., LL.D. (Hon.), Sc.D., Hon. F.R.C.P. (Can.), F.A.C.P. 15th ed. Pp. 1498. New York, D. Appleton-Century Co. 1944. $9.50.

Dynamic Era of Court Psychiatry, 1914-1944. Ed. by Agnes A. Sharp, M.A., Ph.D. Pp. 149. Chicago, Psychiatric Institute of the Municipal Court of Chicago. n.d.

Female Endocrinology, including Sections on the Male. By Jacob Hoffman, A.B., M.D. Pp. 788, fully illustrated, including some in colors. Philadelphia, W. B. Saunders Company. 1944. $10.00.

Textbook of General Surgery. By Warren H. Cloe, M.D., F.A.C.S., and Robert Elman, M.D. 4th ed. Pp. 1118 with 955 illustrations. New York, D. Appleton-Century Company. 1944. $10.00.

Art and Science of Nutrition; a Textbook on the Theory and Application of Nutrition. By Estelle E.

Hawley, Ph.D., and Grace Carden, B.S. Pp. 668 with 139 illustrations including 11 in color. St. Louis, C. V. Mosby Company. 1944. $3.75.

TROPICAL NURSING; a Handbook for Nurses and Others Going Abroad. By A. L. Gregg, M.A., M.Ch., M.D., B.A.O. (Dublin), D.T.M. & H. (Lond.), L.M. (Rotunda Hospital). 2d ed. Pp. 185. New York, Philosophical Library. 1944. $3.00.

SYNOPSIS OF NEUROPSYCHIATRY. By Lowell S. Selling, Sc.M., M.D., Ph.D., Dr. P.H. Pp. 500. St. Louis, C. V. Mosby Company. 1944. $5.00.

SYNOPSIS OF DISEASES OF THE HEART AND ARTERIES. By George R. Herrmann, M.S., M.D., Ph.D., F.A.C.P. 3d ed. Pp. 516 with 103 text illustrations and 4 color plates. St. Louis, C. V. Mosby Company. 1944. $5.00.

ALLERGY IN PRACTICE. By Samuel M. Feinberg, M.D., with the collaboration of Oren C. Durham. Pp. 798. Chicago, Year Book Publishers, Inc. 1944. $8.00.

SMALL COMMUNITY HOSPITALS. By Henry J. Southmayd and Geddes Smith. Pp. 182. New York, The Commonwealth Fund. 1944. $2.00.

RORSCHACH'S TEST. I. Basic Processes. By Samuel J. Beck, Ph.D. Foreword by Willard L. Vallentine, Ph.D. Pp. 223, illustrated. New York, Grune & Stratton. 1944. $3.50.

INDUSTRIAL OPHTHALMOLOGY. By Hedwig S. Kuhn, M.D. Pp. 294 with 114 text illustrations including 2 color plates. St. Louis, C. V. Mosby Company. 1944. $6.50.

BOOK REVIEWS

Brucellosis in Man and Animals. By I. Forest Huddleson, D.V.M., M.S., Ph.D. Contributing authors, A. V. Hardy, M.S., M.D., Dr. P.H.; J. E. Debono, M.D., M.R.C.P.; Ward Giltner, D.V.M., M.S., Dr. P.H. 2d ed. Pp. 379. New York, The Commonwealth Fund. 1943. $3.50.

The new edition of this book brings up-to-date the important knowledge regarding brucellosis. The various types of organisms causing this disease are accurately and simply discussed both as to the varying clinical types of disease which they cause, and laboratory methods of distinction by newer methods. These latter methods are of greater importance because of the relationship which they bear in the use of live cultures for the preservation of vaccines, which along with the use of drug therapy have now received new importance in the treatment of human brucellosis. A large part of the book is devoted to material of interest to veterinarians.

While the larger part of the book has been written by Dr. Huddleson, important sections have been contributed by men of world-renown for their work in the fields of the disease about which they have written. These men are Dr. V. A. Hardy of the United States Public Health Service, Dr. J. E. Debono of the University of Malta and Dr. Ward Giltner of Michigan State College.

JOSEPH I. ECHIKSON, M.D.

Collected Papers of the Mayo Clinic and the Mayo Foundation. Ed. by Richard M. Hewlitt, B.A., M.A., M.D.; A. B. Nevling, M.D.; John Miner, B.A., Sc.D.; James Eckman, A.B., and M. Katherine Smith, B.A. Vol. 34. Pp. 999, with 176 illustrations. Philadelphia, W. B. Saunders Company. 1943. $11.00.

The 1942 volume of collected papers from the Mayo Clinic is a worthy successor to the previous editions and contains many items of interest.

There are informative articles on Dicoumarin and Heparin; the treatment of Tuberculosis with Promin and also the effect of promin on the blood; the use of Penicillin and Gramicidin on certain infections. Papers of surgical interest include those on Ileostomy for ulcerative colitis, surgery of biliary tract, treatment of intervertebral disc prolapse and also of Spondylolisthesis.

There are also basic articles on subjects such as the use of plasma and Hypoproteinemia and on serum conservation and renal clearance of Potassium in severe renal insufficiencies. A resume of the transportation of the wounded by airplane and the effects of baromatic pressure by Lovelace, et al., is included in the book.

The volume is a veritable course in the recent advances in medicine and surgery.

C. ABBOTT BELING, M.D.

Synopsis of Tropical Medicine. By Sir Philip Manson-Bahr, C.M.G., D.S.O., M.D., F.R.C.P. Pp. 223 with 5 plates. Baltimore, Williams & Wilkins Company. 1943. $2.50.

An excellent presentation in brief of some of the tropical diseases is found in this small book. The material is clearly presented and includes geographical distribution and epidemiology, etiology, pathology, clinical picture, the stages of the diseases, immunity, differential diagnosis and treatment, which includes prophylaxis.

The book can heartily be recommended for nurses as well as practicing physicians.

ELLA HASENYEAGER, R.N.,
Principal of School of Nursing, Essex County Hospital for Contagious Diseases.

Operating Room Technique. By Edythe Louise Alexander, R.N. Pp. 392. St. Louis, C. V. Mosby Company. 1943. $3.75.

It is evident that much work and thought have been put into the book under consideration. The earlier chapters on sterilization, the handling of suture material, contents of packages and sets, draping and preparation of skin and of instruments, needles and suture material are basic and contain much information of value to the operating nurse. The omission of heavy catgut from the list of suture material is a welcome one and is to be commended.

The remaining chapters deal with various types of operations and are replete with illustrations of dubious value to the operating nurse. The pictures of instruments are helpful and are representative although they undoubtedly do not contain all items used at various hospitals, inasmuch as technique and instruments vary from place to place. This also holds for the lists of instruments and descriptions of procedures.

It is the reviewer's opinion that a good surgical nurse is one who can more or less anticipate the operator's moves and who has a thorough familiarity with basic and special instruments and more particularly with their proper use. Surgical nursing in the operating room is not only a technique but also an art. The art cannot be obtained from reading books. This volume will undoubtedly be of much benefit to the student and graduate nurses.

C. Abbott Beling, M.D.

Microscopic Technique in Biology and Medicine. By E. V. Cowdry, Professor of Anatomy, Washington University, and Director of Research, The Barnard Free Skin and Cancer Hospital. Pp. 206. Baltimore, The Williams & Wilkins Company. 1943. $4.00.

A long-felt need for a concise and complete reference of microchemical methods is filled by the publication of this book. It is an encyclopedia of methods and materials used in research and routine laboratories. References for further study are conveniently introduced alongside the subject under discussion rather than at the end of the volume. It will be found particularly useful as a ready reference to various technical procedures in biological and diagnostic laboratories.

S. A. Goldberg, M.D.

Introduction to Physiological and Pathological Chemistry, with Laboratory Experiments. By L. Earle Arnow, Ph.G., M.B., M.D. With an introduction by Katharine J. Densford, B.A., M.A., R.N. 2d ed. Pp. 574. St. Louis, C. V. Mosby Company. 1943. $3.75.

This book was written primarily as a textbook for students of nursing. The text has been divided into three parts. The first part, consisting of thirteen chapters, deals with fundamental principles of general chemistry. One chapter only is devoted to organic chemistry, but in it the author has succeeded in conveying much information in few words.

The second part is devoted to a discussion of physiological and pathological chemistry. Here are treated such facts as deal with theoretical and practical aspects of nutrition, the metabolism of proteins, carbohydrates and fats, vitamins, hormones and urine.

The third part consists of a series of laboratory exercises, which follow closely the subject matter of the preceding chapters. As found in all books of this type, space has been provided for tabulating the results, making it an excellent means for future reference.

The appendix contains a table of international atomic weights, a table of chemical components of human blood, and the final pages are devoted to a wealth of information dealing with the removal of stains from fabrics.

The style of the book is unusually interesting and should appeal to students approaching the subject of chemistry for the first time. For its abundant illustrations, its fund of practical material, and its clear explanations and easily understood presentation, this book is warmly recommended.

Albert E. Edel, Ph.D.

Pathology and Therapy of Rheumatic Fever. By Leopold Lichtwitz, M.D. Foreword by William J. Maloney, M.D., LL.D., F.R.S. (Edin.). Edited by Major William Chester, M.C. Pp. 211. New York, Grune & Stratton, 1944. $4.75.

The subject of rheumatic fever is thoroughly covered in this text. Dr. Maloney gives an interesting historical and somewhat philosophical discussion on disease. Dr. Lichtwitz begins his book with a definition of rheumatic fever, and then tries to prove his theory of its etiology by discussing both the local and systemic manifestations of the disease. His attempt is very convincing. He proceeds in the confirmed sequence of discussing a disease; following his definition with the incidence and influence of personal factors, such as geographical distribution, microclimate environment, occupation, age, sex, race, heredity and constitutional factors, on rheumatic fever. He then concludes his treatise on the general phenomena with a dissertation on pathology, leading one to believe that it is a disease of allergy, and a discourse on the systemic clinical symptoms.

After this theme is a chapter on each of the local manifestations of rheumatic fever, such as rheumatic heart disease, vascular disease, arthritis, myositis, evidences in the skin and in the nervous system, and more rare rheumatic manifestations, such as are found in the eye, kidneys, gastro-intestinal tract, respiratory tract, lymph glands and spleen. Each treatise on the local phenomena is very complete, with a discussion of incidence, pathology, symptomatology and diagnosis. There is a brief chapter on differential diagnosis and prognosis, and the last chapter deals with the therapy used for the various forms of rheumatic fever.

Each chapter is illustrated with photographs of the different presentations of the disease and photomicrographs of its histo-pathology. A bibliography is appended to each chapter. This book is very well written and easily read and should be helpful to the internist, pediatrician and general practitioner as a reference book on rheumatic fever.

Ernest Hillman, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **May, 1944** **No. 5**

THE emphasis on early diagnosis of pulmonary tuberculosis would seem to be wasted if effective treatment is unnecessarily postponed. Discriminating selection of cases for collapse therapy, skillful choosing of the appropriate method and prompt employment of the elected procedure are indicated in the interest of all concerned.

INTRAPLEURAL PNEUMONOLYSIS

It seems generally agreed that at least half the cases of pulmonary tuberculosis require some form of collapse treatment, either reversible or irreversible. Thoracoplasty is the best surgical example of the latter, while the oldest technique devised—pneumothorax—is a good representative of temporary, reversible collapse of the lung.

The chest specialist is the one to select either method after he has evaluated the patient's condition and the stage of his tuberculosis. The mistaken belief that "time heals everything" must give way to acknowledgment that this disease demands immediate consideration invariably and active methods of treatment whenever indicated. In this race against time, presence of a cavity calls for measures to obliterate it before delay invites a hemorrhage or spread results in a hopeless condition.

Pneumothorax remains the first choice, but is successful in only about half the cases in which it is initially tried. Lack of success may be attributed to adherence of the two pleural surfaces so that collapse of the cavity is impossible or incomplete. Delay in the institution of pneumothorax may allow the parenchymal inflammation to progress and involve the pleurae until adhesions form and so defeat later attempts at what should have been a simple collapse procedure.

Formerly, a risky method attempted to stretch or break such adhesions by forcing air into the pleural cavity under positive pressures. Serious complications developed if the adhesion, breaking off near the lung, tore the latter so that a tuberculous or mixed infection empyema resulted. Serious hemorrhage might follow rupture of a sizeable vessel incorporated in the adhesion. Precious time was often wasted while the hoped-for stretching of the adhesion was awaited. Meanwhile the still unaffected cavity might supply bacilli to cause other cavities elsewhere.

Intrapleural pneumonolysis was designed to transform, where feasible, a poor pneumothorax result into a satisfactory effective collapse. Under local procaine infiltration anesthesia, a special cannula is introduced between the ribs into the pleural space, transmitting a visual instrument not unlike a cystoscope. Through this the operator views the interior and by means of a cautery inserted through a second cannula in another interspace severs the adhesions under direct vision.

Adhesions vary in size and shape and may be multiple. They range from "fiddle string" to short, thick and cylindrical, or may resemble accordian pleated sheets that radiate in all directions and run all the way from paper-thinness up to bands one or several centimeters in diameter. In using the cautery it is necessary to remember that thicker adhesions may contain lung tissue or large blood vessels and that they may be attached firmly to the aorta, subclavian artery or vital mediastinal structures. Great skill is required to avoid disasters similar to those already listed above as chargeable to stretching and rupture of adhesions.

A skilled operator will sever an adhesion as near its parietal extremity as possible, thus protecting the lung while exercising due caution as regards the intercostal structures as well, especially if actual dissection in the latter area proves necessary. In competent hands, backed by adequate experience and judgment when and when not to cut, the operation is a minimal one as regards the patient's discomfort. In less experienced hands,

however, it can present dangers exceeding those of almost any other major intrathoracic surgical procedure.

When a pneumothorax is started and adhesions can be seen to interfere with collapse, provided the space is large enough for the surgeon to manipulate his instruments, there is no reason for delay. Besides the well-known hazards of an open cavity, the longer one waits the thicker grows the pleura covering the bands and the greater the difficulty of cutting them.

Very large adhesions may have to be severed partially at one sitting and finished in stages after waiting periods of three or four weeks have intervened. Adhesions too widespread to submit to this method call for abandonment of the unsuccessful pneumothorax and the selection at once of a collapse procedure other than pneumonolysis.

Summary

1. Remember the time factor and begin active pneumothorax treatment immediately upon an individual who has a cavity. Don't wait to see what happens to the case with prolonged bed rest. Too often the realization will be accompanied by disappointment and chagrin.

2. In about half the cases a pneumothorax will be complicated by adhesions.

3. Don't attempt to stretch adhesions by means of a positive pressure pneumothorax.

4. Make an attempt to sever them by intrapleural pneumonolysis — again remembering the importance of time — as soon as possible.

5. In the hands of an expert, the unfavorable consequences of the operation are insignificant and the complications rare, but when performed by one with little experience, the dangers are very real.

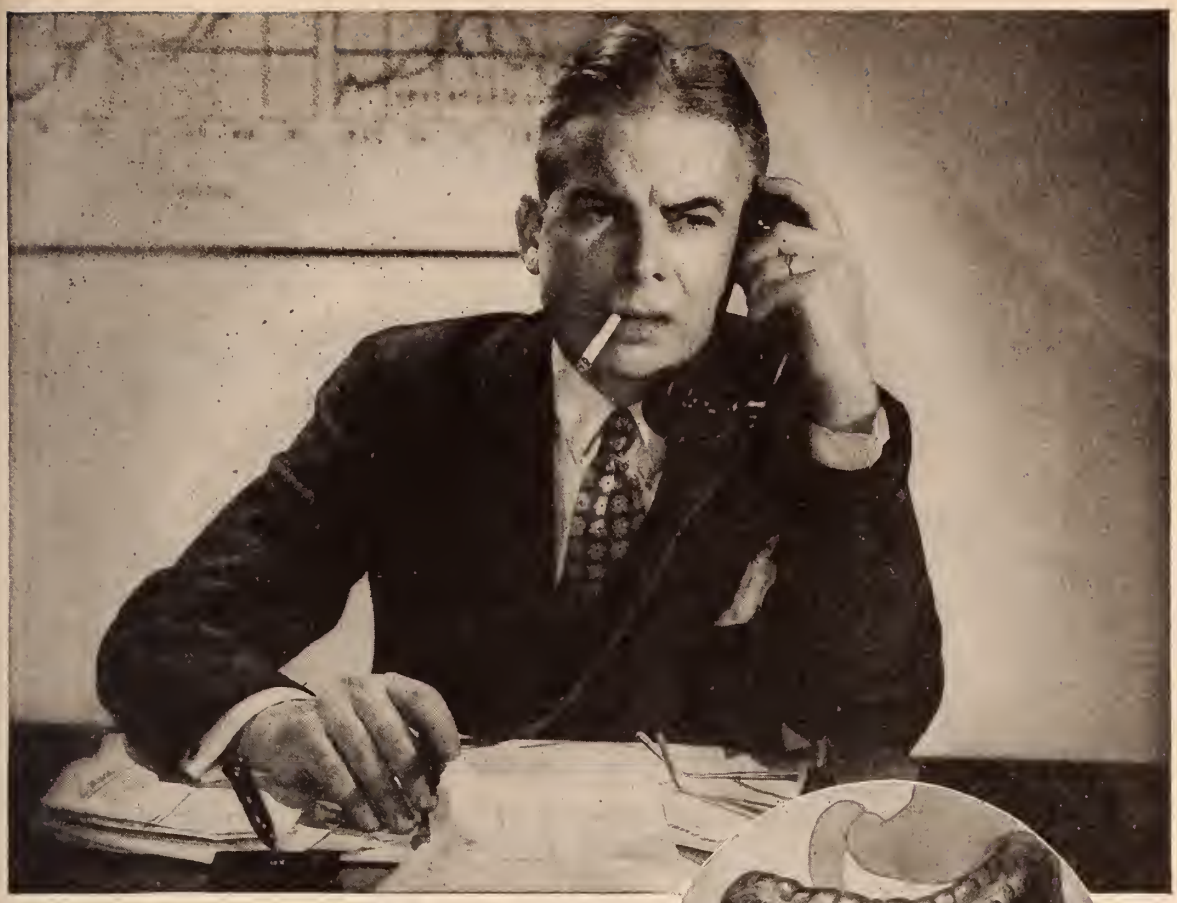
6. If it is impossible to improve the collapse by pneumonolysis, abandon the pneumothorax and perform a thoracoplasty.

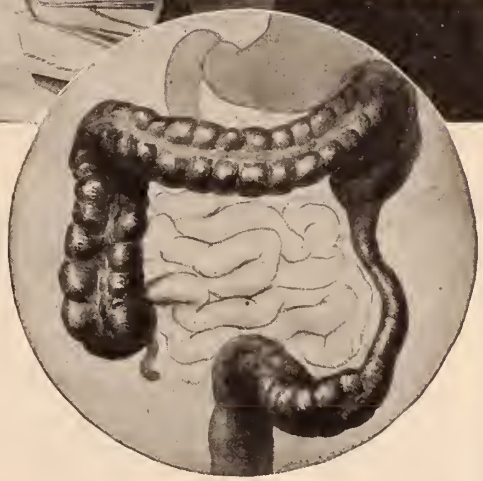
Intrapleural Pneumonolysis, Lt. Comdr. James E. Dailey, M. C., U. S. N. R., Diseases of the Chest, Nov.-Dec., 1943. (Reviewed and passed by The Bureau of Medicine and Surgery, U. S. Navy.)

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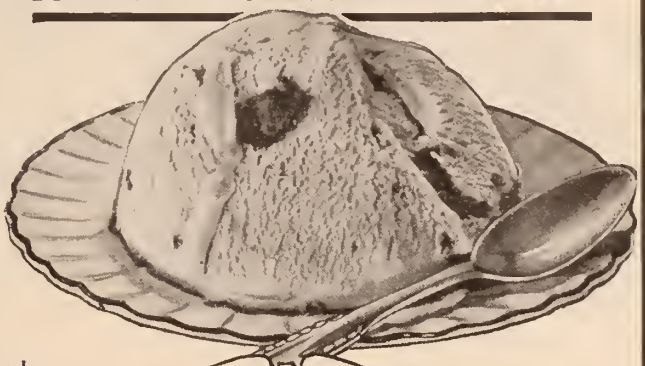
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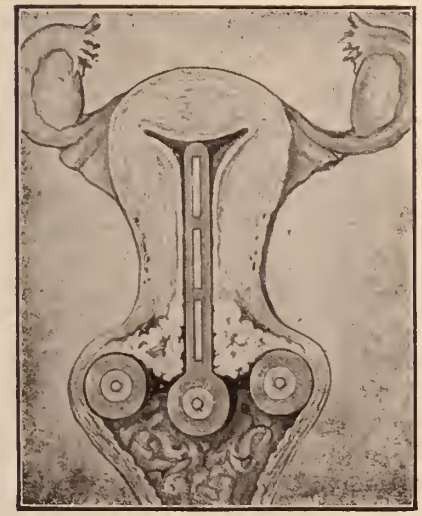
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Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

Vol. 41, No. 6 — JUNE, 1944 — Subscriptions, $3.00 per Year; Single Copies, 30 Cents

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222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

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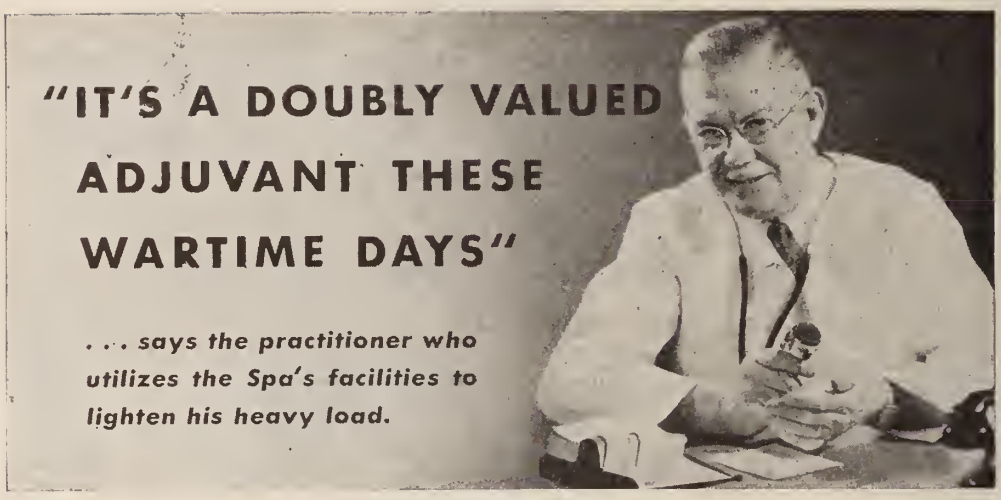
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(1) Am. J. Obst. & Gyn., 35:839, 1938. (2) West. J. Surg., Obst. & Gyn., 51:150, 1943. (3) Clin. Med. & Surg., 46:327, 1939. (4) Med. Rec., 155:316, 1942.

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NJ—64

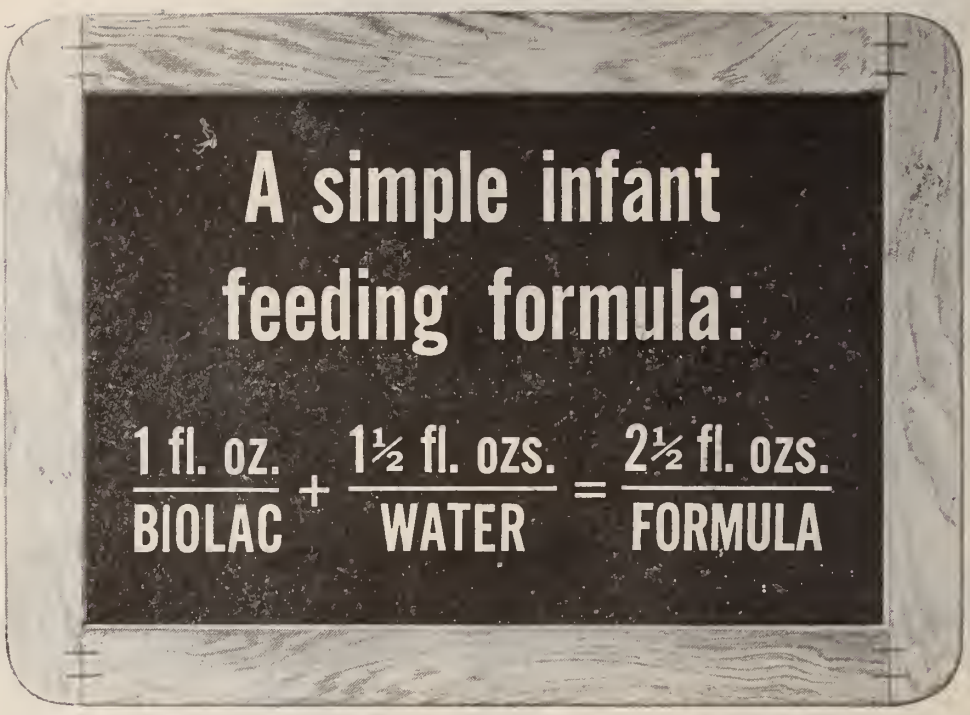
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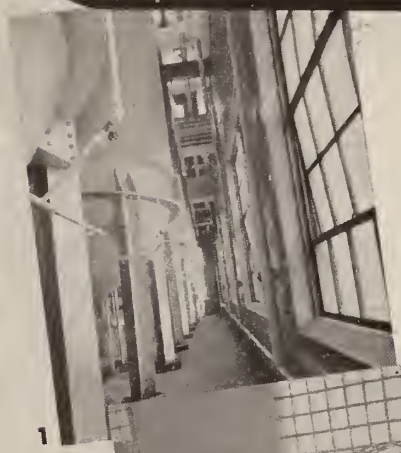
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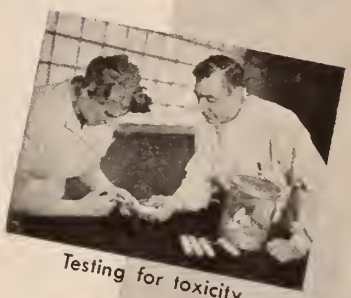
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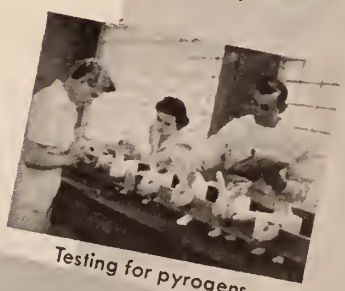
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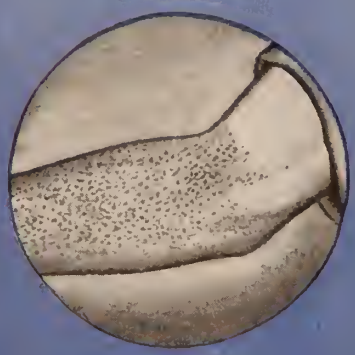
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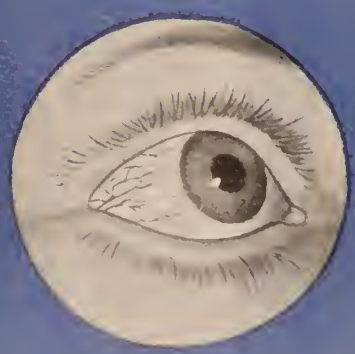
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*Jolliffe, N.: Conditioned Malnutrition, Handbook of Nutrition, Pub. by the American Medical Assn., 1943.







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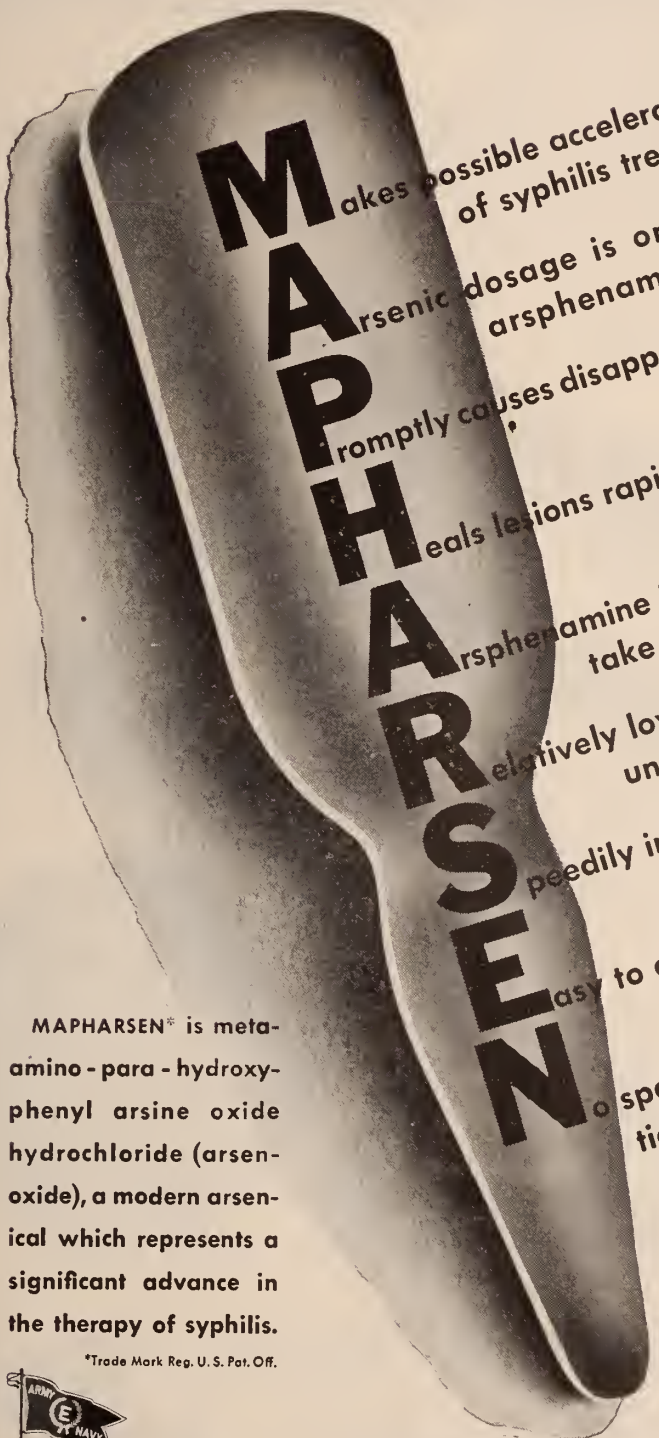
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that the best interests of patients require that they receive advice on matters pertaining to health from qualified physicians only, we confine all advertising on our gynecological products to physicians and the druggists who serve them.

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*The word "RAMSES" is the registered trademark of Julius Schmid, Inc.



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Sustained daytime effect

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insulin action conforming to the patient's needs

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'Dexin' formulas are easily taken, for 'Dexin' is exceptionally palatable, not over-sweet, and does not dull the appetite. Supplementing the diet with other bland foods is facilitated.

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It was only a few years ago that medical writers were inclined to question the potency and therapeutic efficacy of estrogenic substances. Today, with well defined standards of activity, and with preparations of a purity and activity unheard of less than two decades ago, estrogenic hormones have a well established place in medical practice.

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Menopausal symptoms . . . Senile vaginitis . . . Kraurosis vulvae . . . Gonorrheal vaginitis of children . . . Painful engorgement of the breasts in puerperium . . . Carcinoma of prostate . . . Functional uterine bleeding of probable endocrine origin . . . Suppression of lactation under certain conditions.



Amniotin—a solution of natural estrogens—is available in a variety of dosage forms and potencies. For certain other uses, such as in the suppression of lactation and the checking of functional uterine bleeding, the high activity of orally administered Diethylstilbestrol commends itself. Diethylstilbestrol Squibb likewise is available in a variety of dosage forms. Recent reports[1] suggest that the nausea which frequently accompanies its initial use becomes less serious as patients gain a tolerance to its administration.



[1] *Jl. Clin. Endocrinology* 3:648, Dec. 1943.

For literature write the Professional Service Dept., 745 Fifth Ave., New York 22, N. Y.

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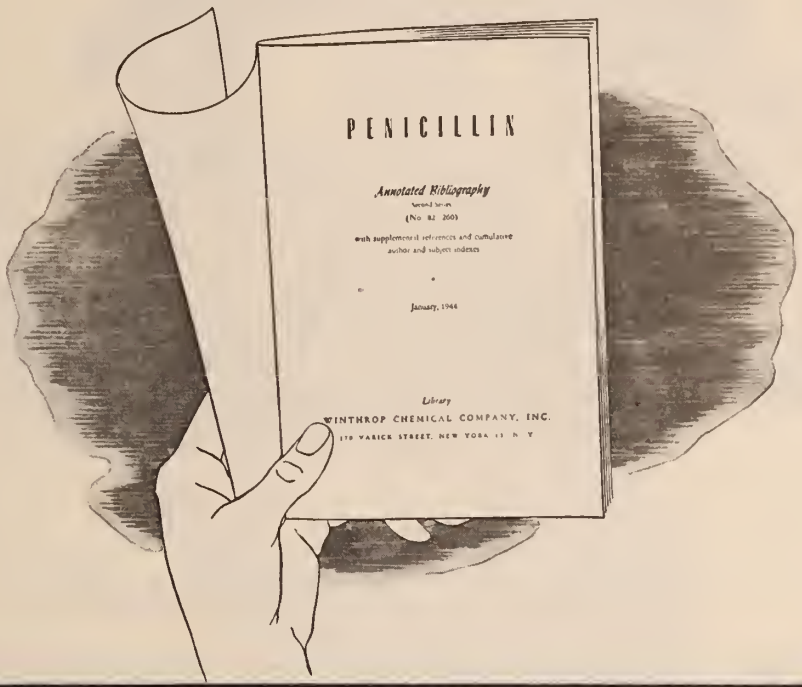
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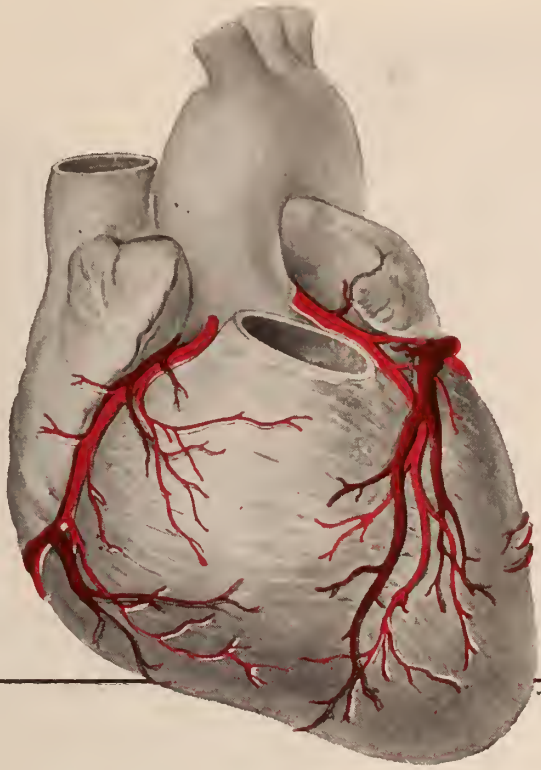


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*Each serving made with 8 oz. of milk; based on average reported values for milk.



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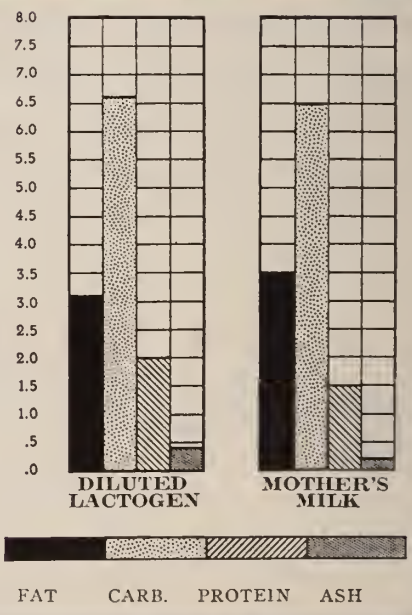
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John Lovett Morse, A.M., M.D.
Clinical Pediatrics, p. 156.



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New reprint available on cigarette research — Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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★ FROM THE BEGINNING, Eli Lilly and Company has been active in the development of Penicillin, and for several months has made it available to the armed forces on government allocation and to the Office of Scientific Research and Development.

The material has been so scarce that very little has been available for civilian use, and then only on special assignment. Even in army and navy hospitals it often was restricted to patients unresponsive to sulfa-drug treatment.

Penicillin is now more generally available, and research to achieve the ultimate in chemotherapeutic perfection continues as a major project in the Lilly laboratories.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

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VOLUME 41
NUMBER 6

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY SINCE SEPTEMBER, 1904
Whole Number of Issues, 478

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., Chairman

HENRY A. DAVIDSON, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. 41, NO. 6 — JUNE, 1944 — Single Copies, 30 Cents
Subscriptions, $3.00 per Year

PRESIDENT'S ADDRESS

ANNUAL BANQUET, APRIL 26th, 1944

RALPH K. HOLLINSHED, M.D., Westville

Certain groups in this country are exhibiting socialistic tendencies, which challenge the ability of the system of free enterprise to serve the people satisfactorily.

Through the building of immense bureaus of political "payrollers", serving under the guidance of starry-eyed, impractical persons who would dominate all fields of personal endeavor, it is claimed that all the social problems of the people can be solved.

Change does not necessarily denote progress. For generations American children have been raised in an atmosphere of self-reliance and opportunity. Every child with the spark of individualism has had the chance to develop and achieve.

Now we are having forced upon us the concept that to attain the satisfactory life, we must look to the Federal Government for constant protection and assistance.

Mr. Churchill has said, "We must beware of trying to build a society in which nobody counts for anything except a politician or an official, a society where enterprise gains no reward, and thrift no privileges."

Senator Byrd of Virginia claims that "those of us who are interested in preserving the solvency of the Country must assert ourselves and see to it that the costly experiment, of spending for spending's sake, on the assumption that money borrowed and spent is a means to prosperity, is not repeated."

He has also said that "the future security of America lies in our capacity to protect ourselves, and in the character and thrift of our citizens, not in government handouts, but in hard work and patriotic impulses."

To this I would like to add, that we must not only be able to protect ourselves from without, but also from within. Perhaps now that we are fully aware of the dangers threatening from without, the greatest menace to our security and existence as a free people lies within our

own socio-economic and political structure.

Time permits the mention of only one or two of these dangers. We, as a profession and as individuals, should be vitally interested in these insidious and demoralizing influences.

The first is the rapid growth of Bureaucracy, that hideous monster which is threatening our very existence as a free people.

The second is that slow, insidious condition which we have had with us since the beginning of our national existence. This, like many chronic diseases, has remissions and periods of recrudescence.

I am referring to the listless, unconcerned and sometimes disgusted attitude of a large portion of the voting population of our country.

To be able to start to solve the problem of "Bureaucratic Control", it will be necessary to have men and women in public office who have minds trained to think problems through, and not the rubber-stamp variety, subject to the will and domination of pressure blocs and political bosses.

The time is ripe for a change in the attitude of our citizenry toward those whom they select to represent them in public office.

As voters we must be made to realize that we are responsible for the people *we* elect to office. This responsibility is just as great an obligation in the local community as it is in the State and National Government.

Many problems facing the medical profession today would not exist if the chosen representatives of the people had been free to think problems through, without being subjected to unreasonable pressure from various social, political and economic groups.

There undoubtedly is a trend in the right direction, of choosing candidates for public office who have the will and ability to think for themselves.

As individuals it is our duty to see to it that this continues. It is the "Hope" of America.

If the advice and council of organized medicine, which was offered and flatly refused, had been accepted, instead of other agencies, many of the problems of the distribution of medical care could have been solved without the necessity of disrupting the whole social, political and financial economy of the nation.

As a result of this misguidance our very existence as a profession is in danger of being destroyed or taken over by the government.

We are aroused and fighting mad. We want to do something. Throughout the country in various states, and groups of states, there are springing into existence a variety of organizations who are demanding action.

The National Physicians Committee, with whose activities you are all familiar, is an offspring of the American Medical Association. The Board of Directors is composed of men who have held high office in that organization. Many of them do not have to depend on the practice of medicine for a livelihood. This organization is doing the most wonderful piece of publicity and public relations work that has ever been attempted; and this with the approval of the American Medical Association.

It is largely through the efforts of this Committee that enough public sentiment has been created, throughout the country, against the Wagner Bill, that it will not come out of Committee during this session of Congress.

The American Medical Association, also, at the last meeting of the House of Delegates created the Council on Medical Service and Public Relations, and outlined its work. The Council has adopted certain policies and is proceeding in an orderly, sane and intelligent manner towards the solution of its problems.

The solution must come through evolution, in an orderly way; not from groups springing up all over the country,

going on their own, without proper guidance.

Education of the Doctors, the Public and the Legislators must begin at home in the County Medical Society. Each County Medical Society should have a committee to match the Committee of the State Society that is in constant contact with the Council on Medical Service and Public Relations of the American Medical Association.

Let American Medicine, through the American Medical Association's Council on Medical Service and Public Relations, in conjunction with the office of Medical Economic Research in Washington, cooperate with all government agencies interested in health matters, and assume the leadership in molding the Health and Medical Care Program for the American people, seeing to it that the basic principles of our present system are retained.

The private practice of medicine must be on a voluntary basis. There must be a personal and direct contact between physician and patient. This is necessary to provide the stimulus for advancement. We must have adequate medical care, properly administered, without political fraud or bureaucratic waste, and with freedom for individual enterprise.

A government so confused with the management of multitudinous bureaus today, will show little ability to manage properly any program of medical care tomorrow.

As that great student of history, Woodrow Wilson, has said, "The history of liberty is a history of the limitation of governmental power, not the increase of it. When we resist, therefore, the concentration of power, we are resisting the process of death, because concentration of power is what always precedes the destruction of human liberties."

In conclusion, I quote in part from a verse written by Maltbie D. Babcock:

> We are not here to play, to dream, to drift:
> We have hard work to do and loads to lift:
> Shun not the struggle: face it.
>
> Say not the days are evil—who's to blame?
> and fold the hands and acquiesce—
> O shame: Stand up, speak out.
>
> It matters not how deep entrenched the wrong,
> How hard the battle goes, the day how long,
> Faint not, fight on.

NEW JERSEY ASSOCIATION OF INDUSTRIAL PHYSICIANS
SCIENTIFIC MEETING

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY
91 LINCOLN PARK, NEWARK, N. J.

8:30 P. M., Friday, June 30, 1944

PROGRAM

Hydrofluoric Acid Burns and Their Treatment
Dr. E. E. Evans, E. I. DuPont deNemours & Co.

Methyl Bromide Burns and Their Treatment
Dr. A. Gibson, Merck & Co., Inc.

Penicillin and Streptothricin in the Treatment of Industrial Injuries
Dr. J. M. Carlisle, Merck & Co., Inc.

Rehabilitation of Returned Servicemen
Dr. F. Parker Willey, Western Electric Co.

Discussion

The Scientific Meeting will start promptly at 8:30 p. m. Each paper will be limited to 15 minutes. The subjects to be presented are of great and growing importance in the field of Industrial Medicine.

THE MEDICAL SERVICE PLANS AS OF APRIL 30, 1944

These Plans are operated as part of the program of The Medical Society of New Jersey to improve medical care distribution, and to develop an alternative for the federal control of medicine.

Basically they represent an attempt to solve this problem at local levels, to fill local needs, as expressed by our people. These needs differ in accordance with the social and economic status of various groups.

FARM SECURITY MEDICAL PLAN

This Plan is sponsored by the Federal Farm Security Administration for the benefit of low-income or indigent farmers who are being rehabilitated by the federal government. The greatest medical need of these families is for an arrangement through which they may at all times have access to their physician for health guidance and care of the diseases ordinarily cared for by general practitioners in their homes or the office of their physician.

These families are allowed a modest budget by the government to meet their essential needs, all profits from their farms above this amount being payable to the government against their loan. Each family is allowed a budget of $16.00 to $24.00 a year for medical care, payable directly by the farmer to Medical Service Administration under provisions of The Farm Security Medical Plan.

This Plan had difficulties last year due to faulty underwriting policies, such as inclusion under their family contract of ineligible dependents, such as in-laws, grandparents, older children and others who happened to be living with the subscribing families. As a result, the clinical load was heavy and the Plan was forced to reduce physicians' fees on several occasions.

The most important defect in maintaining adequate enrollment in this Plan has been the attitude of some physicians who refuse to render care to the families under the provisions of this Plan.

Most of these families re-enroll on May 1st of each year. With complete coöperation of Farm Security agents throughout the state, we have been able to increase our enrollment, improve our underwriting and increase the income per person to the Plan. With these improvements we look for a better experience during the next year. The condition of the Plan on May 1, 1944, as compared to May 1, 1943, is shown below.

The income figures are net, after deducting 10 per cent for administrative costs. It represents an income to the profession at the rate of about $4,800 a year per 1,000 persons. This, we feel, should be considered a satisfactory income to the profession from this economic group.

CITY OF NEWARK MEDICAL PLAN

This Plan provides payment for medical care rendered to persons whose names appear on the welfare rolls of the City of Newark who are confined to their homes because of illness. It does not provide payment for office calls, as this service is available in existing clinic facilities.

There are at present 2,713 persons in Newark eligible for this service, as compared to a total of 11,094 persons on welfare rolls throughout the State. This is the smallest census of indigent persons in New Jersey for several years, making most opportune an experiment of this type.

Patients are allowed free choice of

	Monthly Income to Plan	Number of Contracts	Number of Persons	Income to Plan per Person per Month
May, 1943	$491.88	314	1360	$0.3617
May, 1944	743.14	429	1869	0.3976

physician for the first call of each illness, but a report on the necessity for subsequent calls must be made to the Board of Health (MI 2-0940) before approval of payment for such calls can be given. This is important, and is neglected frequently by physicians.

In addition to the above the City of Newark has agreed to extend this service to "medically indigent" persons not on the city welfare rolls. "Medical Indigency" of such cases is determined by the Board of Health.

We are not prepared to make a detailed report on this Plan, other than to say it is working satisfactorily and should be of definite advantage to the City, the profession and the indigent persons of Newark.

Bills for services rendered under this Plan should be sent direct to the Medical Service Administration, 31 Clinton Street, Newark 2.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

This Plan was developed to meet the expressed needs of employed, self-supporting persons, to assist them during times of catastrophic illness. It provides benefits toward cost of medical, surgical and obstetrical care rendered bed patients in general hospitals.

It has been in operation for twenty-two months, has paid all operating expenses and claims from its earned income.

New contracts which will correct certain defects demonstrated in our twenty-two months of operation are now being prepared. We hope to announce the new contracts in the next issue of *The Journal*. In the meantime we are attempting to limit new enrollments to 1,000 persons per month.

The experience of Medical-Surgical Plan during April, 1944, as compared to April, 1943, was as follows:

	Persons Enrolled	Monthly Earned Income	Claims During Month	Per Cent	Operating Costs	Per Cent	Placed in Reserve	Per Cent
April, 1943....	7,076	$ 4,235.00	$2,374	56.	$1,829.20	43.	$ 32.89	0.8
April, 1944....	20,604	13,272.22	8,904	67.09	2,406.70	18.1	1,961.52	14.7

CONGRESS ON INDUSTRIAL HEALTH

COUNCIL REPORT

1. The physician should be the central figure in health activities, whether in the field of clinical medicine, public health or preventive medicine.

2. The problems of medical service in this country are being solved in many areas by developments which center about industry and are essentially on a grass root basis.

3. In a majority of hospitals in America the staff has no control over medical policies. The organization of many hospitals is obscure or so ill defined that medical staff organization cannot contact the lay individuals who control policies.

4. The organization of industry is such that it lends itself to a logical and ethically sound approach to the development of health programs.

5. Because of the widespread interest in this type of practice, the practical application of the principles of medical ethics to the professional and business relationships of medical groups or clinics should be restudied and clarified and defined. — Stanley J. Seeger, M.D., J. A. M. A., Vol. 125, No. 4, p. 239.

ORIGINAL ARTICLES

COMMON DISORDERS OF THE DIGESTIVE TRACT*

A CLINICAL AND ROENTGENOLOGICAL STUDY OF AN ADDITIONAL FIVE HUNDRED PRIVATE CASES

SIGURD W. JOHNSEN, M.D., F.A.C.P., Passaic, N. J.

In a previous study, published in *The Journal* of The Medical Society of New Jersey, September 1935, pages 527-531, the findings in a series of five hundred patients who presented themselves with digestive complaints at my office, were analyzed. An additional five hundred cases are analyzed in this study. The two series are combined and tables showing the total incidence and percentages of various lesions are presented.

All these patients have been office patients, and ambulatory cases. Complete examination consists of a history, physical examination, complete blood count, urinalysis, gastric analysis, fluoroscopic, and Roentgenographic examination.

The routine Roentgenological examination is carried out in the following manner. Two ounces of castor oil are taken at bed time on the evening preceding examination. At 8:00 A. M. the patient comes to the office without breakfast. A gastric analysis is first carried out with a Rehfuss fractional test meal consisting of 6 ounces of 7% alcohol. If the first two specimens reveal no free hydrochloric acid, .3 cc. of Imidol (Roche) is administered by hypodermic injection and two or more specimens collected. A plain chest plate is then taken and a plain gall-bladder plate. The patient is then given instructions to take a light meal, consisting of tea, toast and cereal at 1:00 P. M. followed by the first dose of acidified Stipolac. At 3:00 P. M. a glass of fruit juice is taken followed by the second dose of dye. No food except fluids is taken until the following morning when the patient comes to the office at 8:00 A. M. fasting.

An 18-19 hour gall-bladder plate is then taken. If a well-defined gall-bladder shadow is present on this examination, a gastro-intestinal series is begun immediately. If there is no satisfactory visualization of the gall-bladder, another plate is taken at 11:00 A. M. If this still shows no shadow and there has been no active catharsis, another plate is taken at 1:00 P. M. Thereafter, a fatty meal is administered consisting of two soft boiled eggs, toast and butter, and a glass of milk, with a plate taken two hours after. If there is a complete absence of shadow, another dose of dye is administered, and the patient returns for examination the following morning.

Where a good shadow of the gall-bladder is found on the first plate, a sediment mixture of two teaspoonsful of Rugar is given the patient and the esophagus and mucosal rugae are studied under the fluoroscope. This is followed by a 12-ounce mixture of chocolate Basolac, and the esophagus and stomach are studied for morphology and defects. After the fluoroscopic study, plates are taken in the upright and prone positions, and two of the duodenal cap, followed by a serialgram of four cap exposures. An oblique plate is then made showing gall-bladder and cap relationships as well as the gastric outline.

The patient then returns home, and reports back for a six-hour, nine-hour and twenty-four-hour examination. If the entire colon is not visualized on these plates a Barium colon enema is given and fluoroscopic as well as roentgenographic studies are carried out.

Special procedures such as proctoscopic and sigmoidoscopic examination, basal metabolism, electrocardiogram, blood chemistry, etc., are done when needed.

In this report only the organic lesions are discussed. The functional disorders will be discussed in another study. It is interesting to note that approximately one-fourth of all patients examined have an organic lesion. These cases do not represent a selected group. All

* Read before the Section on Gastro-enterology and Proctology, 178th Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

patients presenting digestive complaints are routinely examined in the same way.

Table I is a summary of the various lesions found. There were 160 cases out of the 500 in whom an organic lesion was demonstrated. The most frequent lesion was peptic ulcer. Cholecystitis and lithiasis were the next most frequent lesions found. Carcinoma was found in twenty cases, or 12.5% of the organic lesions.

Table II shows the age relationships in the various lesions found.

In Table III the predominating symptoms are tabulated in their order of frequency. More than one symptom was the usual complaint but only one main symptom has been used in the tabulation. Pain was the chief complaint in sixty per cent of the cases where an organic lesion was demonstrated. In forty per cent of the cases with organic lesions, pain was not one of the chief complaints.

The number of cases in whom organic lesions were demonstrated in this series of five hundred cases was 160 or 32%. This was an increase of approximately 10% above the number reported in the first 500 cases. A more accurate incidence is found when the two series

TABLE I

Organic Lesions	No. Cases	Percentage
	160	32.0 %
1. Ulcer	75	46.8 %
Duodenal	72	96.0 %
Gastric	3	4.0 %
2. Chronic cholecystitis	47	29.3 %
Cholelithiasis	42	89.3 %
3. Carcinoma	20	12.5 %
Stomach	14	80.0 %
Jejunum	2	10.0 %
Esophagus	2	10.0 %
4. Diverticulosis	10	6.25%
Colonic	6	60.0 %
Colonic and esophageal	1	10.0 %
Duodenal	2	20.0 %
Esophageal	1	10.0 %
5. Cirrhosis of liver	2	1.25%
6. Cardio spasm	2	1.25%
7. Esophageal ulceration	1	0.62%
8. Amoebic dysentery	1	0.62%
9. Ulcerative colitis	1	0.62%
10. Appendicitis	1	0.62%

TABLE II

	Ulcer	Cholecystitis and Lithiasis	Carcinoma	Diverticulosis	Cirrhosis of Liver	Cardio Spasm	Esophageal Ulceration	Amoebic Dysentery	Colitis	Appendicitis
No. Cases	75	47	20	10	2	2	1	1	1	1
Ages										
10-19	2 or 2.6%									1 or 100%
20-29	10 or 13.3%	4 or 8.5%								
30-39	25 or 33.3%	6 or 12.7%	5 or 25%	1 or 10%	1 or 50%	1 or 50%			1 or 100%	
40-49	22 or 29.3%	14 or 29.7%	5 or 25%	1 or 10%	1 or 50%	1 or 50%				
50-59	12 or 16.0%	11 or 23.6%	8 or 40%	5 or 50%						
60-69	2 or 2.6%	9 or 19.1%	2 or 10%	3 or 30%				1 or 100%		
70-79	2 or 2.6%	3 or 6.4%					1 or 100%			
Sex										
Male	56 or 74.6%	13 or 27.6%	10 or 50%	3 or 30%	2 or 100%	2 or 100%			1 or 100%	
Female	19 or 25.3%	34 or 72.3%	10 or 50%	7 or 70%			1 or 100%	1 or 100%		1 or 100%
Marital State										
Married	55 or 73.3%	29 or 61.9%	16 or 80%	7 or 70%	2 or 100%	2 or 100%	1 or 100%	1 or 100%	1 or 100%	
Widowed	2 or 2.6%	11 or 23.6%	1 or 5%	2 or 20%						
Single	18 or 24.0%	7 or 14.9%	3 or 15%	1 or 10%						1 or 100%

TABLE III

SYMPTOMS SHOWN IN 160 CASES OF ORGANIC LESIONS

Symptom	No. Cases	Percentage
1. Epigastric pain	96	60
2. Belching	46	28.7
3. Constipation	42	26.2
4. Vomiting	34	21.2
5. Tympanitis	31	19.3
6. Nausea	28	17.5
7. Abdominal pain	27	16.8
8. Pain in back and shoulder	15	9.3
9. Loss of weight	12	7.5
10. Headache	12	7.5
11. Epigastric distress	11	6.8
12. Diarrhea	10	6.2
13. Indigestion	9	5.6
14. Poor appetite	9	5.6
15. Malaise	8	5.0
16. Dizziness	4	2.5
17. Pain in joints	4	2.5
18. Abdominal distress	3	1.8
19. Hematemesis	3	1.8
20. Can't swallow	3	1.8
21. Bloody stools	2	1.2
22. Jaundice	2	1.2
23. Nocturia	2	1.2
24. Fever	1	0.6
25. Cough	1	0.6
26. Afraid to eat	1	0.6
27. Bilious	1	0.6

TABLE IV

ORGANIC LESIONS

	No. Cases	Percentage
	269	26.9 %
1. Ulcer	128	47.5 %
Duodenal	123	96.0 %
Gastric	4	
Gastric and cholelithiasis	1	4.0 %
2. Cholecystitis	87	32.3 %
Lithiasis	59	67.0 %
3. Carcinoma	29	10.7 %
Stomach	19	65.5 %
Jejunum	2	6.8 %
Esophagus	2	6.8 %
Colon	2	6.8 %
Rectum	2	6.8 %
Recto sigmoid	2	6.8 %
4. Diverticulosis	14	5.2 %
Colonic	6	42.8 %
Colonic and esophageal	1	7.1 %
Duodenal	2	14.2 %
Esophageal	1	7.1 %
5. Cirrhosis of liver	2	.74%
6. Cardio spasm	2	.74%
7. Esophageal ulceration	2	.74%
8. Amoebic dysentery	1	.41%
9. Ulcerative colitis	3	1.1 %
10. Appendicitis	1	.41%

TABLE V

	Ulcers 128	Cholecystitis and Lithiasis 87	Carcinoma 29	Diverticulosis 14	Cirrhosis of Liver 2	Cardio Spasm 2	Ulcerative Colitis 3	Miscellaneous 4
No. Cases								Esophageal ulceration (2)
Ages								
10-19	2 or 1.5%							
20-29	21 or 16.4%	9 or 10.3%						
30-39	42 or 32.8%	13 or 14.9%	5 or 17.2%	1 or 7.1%	1 or 50%	1 or 50%	1 or 33.3%	
40-49	38 or 29.6%	22 or 25.2%	5 or 17.2%	2 or 14.2%	1 or 50%	1 or 50%	1 or 33.3%	Amoebic dysentery (1)
50-59	17 or 13.2%	23 or 26.4%	9 or 31.0%	6 or 42.8%				
60-69	4 or 3.1%	17 or 19.5%	8 or 27.5%	5 or 35.7%			1 or 33.3%	
70-79	3 or 2.3%	3 or 3.4%	2 or 6.9%					Appendicitis (1)
80-89	None							
90-99	1 or .7%							
Sex								
Male	95 or 74.2%	20 or 22.9%	14 or 48.2%	6 or 42.8%	2 or 100%	2 or 100%	1 or 33.3%	
Female	33 or 25.7%	67 or 77.1%	15 or 51.7%	8 or 57.1%			2 or 66.6%	
Marital Status								
Married	89 or 69.5%	62 or 71.2%	24 or 82.7%	10 or 71.4%	2 or 100%	2 or 100%	3 or 100%	
Widowed	7 or 5.4%	16 or 18.3%	2 or 6.9%	3 or 21.4%				
Single	32 or 25 %	9 or 10.3%	3 or 10.3%	1 or 7.1%				

are combined, and this we have done in Table IV.

You will note from this table that 269 cases out of 1000 showed an organic lesion. This is a percentage of 26.9%.

The most common lesion was peptic ulcer, which occurred in 128 cases or an incidence of 47.5% of all the organic lesions. In other words, about half of the patients in whom organic lesions were demonstrated were suffering from peptic ulcer. This is a high percentage, especially when we consider that these cases were all patients in private office practice, and not hospitalized patients. Most of the ulcer cases were early lesions and responded to dietetic treatment and resulted in excellent therapeutic results. Surgery was resorted to in very few cases and then only in old indurated, indolent ulcers, with obstruction.

Cholecystitis and lithiasis was found in 87 cases or 32.3% of all the organic lesions. One-third of all the organic lesions were due to gall-bladder disease. Carcinoma was found in 29 cases or 10.7% of all the organic lesions.

Once more, it must be emphasized that of all organic lesions found, one-tenth were due to carcinoma. Of these cases, sixteen have already died, and no record of the remaining thirteen is available at the present time. It is interesting to note that all of these patients were ambulant cases and even in the earliest cases, they were hopeless when a diagnosis was made. Early diagnosis is still not early enough to make any appreciable therapeutic program effective in cancer of the digestive tract. The number of cases involved is insufficient, of course, to carry any weight, because none were early in respect to the degree of involvement.

A miscellaneous group of twenty-five cases includes:

Diverticulosis	14 cases
Cirrhosis of the liver	2 cases
Cardio spasm	2 cases
Esophageal ulcers	2 cases
Amoebic dysentery	1 case
Ulcerative colitis	3 cases
Chronic appendicitis	1 case

In Table V the age incidence, sex and marital status of the various organic cases are tabulated. We note here that the greatest number of peptic ulcer cases occur in the age group of 30-39. The sex incidence is 74% for males and 26% for females. Cholecystitis and lithiasis occur most frequently in the age group 50-59, although the age group 40-49 is a close second. Females predominate with 77% against 23% males. Carcinoma occurs most frequently in the age group of 50-59 with males and females almost evenly divided.

SUMMARY

A series of one thousand patients in private practice complaining of digestive disturbances is presented.

One out of every four was found to have some organic disease of the digestive tract. The most common lesion found was peptic ulcer, which occurred in about one-half of the cases.

Gall-bladder disease was found in one-third of the cases.

Cancer of the digestive tract was found in 12½% of those with organic disease.

A group of miscellaneous diseases including diverticulosis, cirrhosis, cardio-spasm, esophageal ulcer, amoebic dysentery, ulcerative colitis, and chronic appendicitis was found in the remainder of the group.

Early diagnosis of most of the cases was possible because of complete examination, and this procedure is amply justified by the findings.

The often repeated statement that only five per cent of illnesses require extended examination does not apply to patients with digestive complaints.

The treatment of early lesions resulted in excellent therapeutic results except in the cases of cancer, where diagnosis was made too late to be of any value.

149 Prospect Street

VINCENT'S ANGINA — A PUBLIC MENACE

Charles V. Craster, M.D., D.P.H., Health Officer, Newark, N. J.

Towards the close of World War I, there appeared in the armies of the Allied Nations in France a mouth infection which received the name of Trench Mouth. This infection spread from one fighting front to another and was either due to similar conditions of malnutrition among the troops or due to contact transmission as replacements were made.

It was of course realized that great conditions of hardship existed in the armies, inclement weather with high rainfalls and difficulty in sending into the combat lines sufficient nourishing food. Green vegetables and fruits were seldom in the ration so that what we now know as vitamin deficiency undoubtedly existed very widely. It has also been attributed to the excessive use of tobacco and alcohol.

After the termination of hostilities and with the return of the troops to America, "trench mouth", as it was known, was found in widely separated parts of the country. It took, however, about 15 years before this condition began to be generally observed by physicians and dentists among their office patients. The mouth infection was subsequently found by Professor Vincent of the Pasteur Institute in Paris to present a picture of an infection with a spirochaete spirillum which received the name of Vincent's Spirillum. There also accompanied the spirillum a fusiform bacillus invariably found in the lesions around the teeth which was considered an accompanying organism, probably symbiotic, having considerable diagnostic significance. It was the presence of those two organisms which rendered diagnosis of the condition fairly easy. The clinical picture is now recognized under the name of Vincent's Angina.

CLINICAL FEATURES

The condition may start as a simple stomatitis or gingivitis, which if untreated goes on to an acute pyorrhoea alveolaris with suppurations and ulcers, followed by gum recession, or the loosening of teeth to such a degree as to interfere with mastication and chewing. This is accompanied by a foul breath. If untreated, Vincent's Angina becomes a chronic disease accompanied by gastric disturbances, foul breath and loss of weight.

Many persons infected with Vincent's Angina find it difficult to disguise the mouth odor with the result that friendships are often lost and even work refused to persons with active symptoms. Although Vincent's Angina is only disabling insofar as it may continue for months and even years, it does have a considerable effect upon the individual, who may lose all interest in life or even ambition because of these anti-social symptoms.

IS IT INFECTIOUS?

The presence of the two organisms in the lesions around the teeth undoubtedly renders the condition presumably infectious. We must assume that infection is conveyed by close contact such as kissing, or by the use of infected glasses, dishes and eating utensils of every kind. Unsterilized dental instruments may well be a possible source of infection from patient to patient. The common wash rag and towels used in common may well be a vehicle for transporting the causative agents, and it is to this that any propaganda to control the spread must be directed. The damage may be more correctly described as transferable rather than infectious or contagious. Campbell and Dyas found the organisms of Vincent's Angina present in 50% of all swabs taken from troops at Bramshott. Vincent's Angina has no doubt a wide distribution in America today. Health agencies have long known of its existence but its public health significance has not been realized and therefore little has been done to inform the public of this menace to public safety and cleanliness. By the year 1939, the disease was reportable in 22 states. In few cities, however, have any restraining laws been passed, making this infection reportable to the local health department.

MADE REPORTABLE IN NEWARK, N. J.

As a result of representation by the dentists in the City of Newark and as an attempt to determine the prevalence of Vincent's Angina in the community and if possible to control its spread, a city ordinance making the disease reportable was passed in 1934.

All dentists and physicians were required to report cases of Vincent's Angina which were positive after laboratory tests, giving the name, age and address of the patient to the Health Department. Strict enforcement was made possible by a fine or imprisonment for violation.

THE PREVALENCE OF VINCENT'S ANGINA

The wide prevalence of Vincent's Angina was well emphasized by the increasing number of infected persons reported to the Health Department. During the ten years the ordinance has been in effect, there have been reported, in conformity with the ordinance, to the Health Department, 2,334 positive cases of the disease. Starting with 237 cases in 1934, the number has steadily increased to the highest number reported in any one year, 473 for 1943.

YEAR	CASES OF V. A.
1934	237
1935	210
1936	174
1937	182
1938	221
1939	183
1940	140
1941	98
1942	416
1943	473
	2,334

The sudden rise of reported cases in the two years, 1942 and 1943, is significant of a wider distribution of the infection in this community. An analysis of 473 cases of Angina reported in 1943 showed there were 190 males and 283 females. The female preponderance was greater among whites than among the colored. In the age groups the greater number were at ages 18-30, 192 cases. Under six years of age, 42 cases were found. The occupation grouping was as follows:

School	139
Factory workers	123
Housewives	78
Miscellaneous	43
Pre-school	34
Clerks	30
Domestics	13
Storekeepers	1

Particular care was taken in the instruction of domestics as, by the nature of their work, there was greater risk of infection to members of the immediate family. In 257 families there was only the one case. In 216 families more than one case was reported. Exposures in the family numbered 1,535 among whom 129 additional cases were reported.

DURATION OF INFECTION

Most of the cases, all of whom were confirmed by positive tests, became negative within three weeks. Ninety-five cases became negative in one week, 104 within two weeks and 111 within three weeks.

Five cases again became positive following a negative. Twenty-seven cases were still positive after varied periods of treatment up to ten weeks or more of attendance at the dentist's office or a clinic. It is worthy of note that fifteen of these cases presented such severe clinical symptoms as to require hospitalization. Some of these were recurrent cases.

QUARANTINE MEASURES

The City ordinance did not outline the duration or the methods of quarantining persons infected with Vincent's Angina. It was therefore considered desirable to establish only a modified quarantine in these cases, although each positive case was undoubtedly a possible spreader. The liberty of the infected person was not circumscribed.

Whether Vincent's Angina is a truly communicable disease has not been scientifically established. The most we can say along these lines is that it is transferable when the way is open for the germ to be directly conveyed to the mouth of an uninfected individual from one infected with the disease.

Upon receipt of a report, the infected person is summoned to the Health Department for a personal interview, when the patient is

informed of the nature of the infection. The general character of the infection is explained as it affects those persons coming into personal contact with the patient. Possible means of conveying infection are explained. Particular attention is given to the need for a strict personal hygiene, especially with regard to individual wash cloths and hand towels. The patient's tooth brush to be kept in a sodium perborate solution. It is advised that the patient have separate plates, cups and hardware and that these should be washed separately from those of the rest of the family. Patient is warned against kissing or the passing of candy or chewing gum. The dangers of the common drinking cup are stressed as a possible conveyor of infection. The patient is advised to exercise great care in eating places and soda fountains and to ask for a paper cup rather than a glass which might carry infection. All school children, teachers or school attendants living in a home where Vincent's Angina is reported are required to have a negative smear before receiving a permit to attend school. Where the Health Officer deems it necessary or essential, contacts as well as cases may be required to remain away from work until released from quarantine. Release from quarantine required two negative laboratory reports one week apart. All physicians, dentists, nurses, parents or individuals having knowledge of a case of Vincent's Angina are urged to report it to the Health Department.

SUMMARY

Trench mouth or Vincent's Angina is a public health menace which has to be recognized by Public Health authorities. Contributing factors in the development of Vincent's Angina probably include malnutrition and vitamin deficiency. Excess in use of alcohol and tobacco are also possible predisposing causes.

In ten years there were 2,334 positive cases of Vincent's Angina reported in Newark, N. J., as the result of the legal requirement of reporting the disease to the Health Department. Among 473 cases reported, in 1943, the occupation grouping showed highest in the schools and factory workers. The duration of infection varied, but most became negative within three weeks. In 111 cases the duration of infection was three weeks. Twenty-seven cases were still positive after varied periods of treatment up to ten weeks. It was noted that fifteen cases were so severe as to require hospitalization. No case was released from quarantine until two negative laboratory smears were obtained at an interval of one week apart.

SULFONAMIDE THERAPY

The sulfonamide group of drugs is one of the most important additions to the medical armamentarium that we have known. This statement may be somewhat modified when penicillin becomes available for civilian use but it will still remain true. From what we know from the yet rather meager clinical reports, penicillin, like the sulfonamides, has its limitations. The probability is that penicillin and the sulfonamides will complement each other to a large extent, each being used in some cases where the other has failed. However, it must be remembered that penicillin does not have the same ease of administration usually true of the sulfonamides. Parenteral administration of a drug never can wholly supplant oral administration, particularly in the inadequacies of the average home where most medical practice must be carried out.

The one great drawback to sulfonamide therapy lies in the toxicity of the drugs. The sulfa drugs having the greatest effectiveness in the largest number of diseases do not have much range of safety between therapeutic effect and toxic manifestations. When such imponderables as sulfonamide sensitivity are added to this it can be readily understood that one must use the drugs boldly but with caution, a paradox that calls for the utmost in the art of medicine.

In our present enthusiasm for the sulfonamides we use them too often thoughtlessly and where they are not indicated. If we are dealing with pneumococcic pneumonia, meningococcic meningitis, or the like, there can be no question of the use of the sulfonamides since we know how remarkably they have changed the prognosis of these diseases. On the other

hand, there is no excuse for their use in the common cold, influenza, and many other infections on which they have no effect. In a third group the question of their use depends upon the severity of the infection. As an example, sulfathiazole should be given for an extensive furunculosis with severe sepsis but the patient should not be exposed to the possible dangers from the drug if but a single boil is to be treated.

Alex E. Brown in *Minnesota Medicine* has put the case well and a quotation from his article follows.

"Errors associated with drug toxicity undoubtedly form the largest group of errors resulting from use of the sulfonamides. It seems to me that many of these mistakes probably could be eliminated at the outset if all patients were grouped prior to treatment so that sulfonamide treatment could be judged to be either an optional or an essential measure. In the classification in which sulfonamide therapy is considered to be optional, all infections should be included for which the ordinary prognosis is good and for which other satisfactory measures of treatment are available. Such diseases as gonorrhea and tonsillitis would thus be included in this group. When sulfonamide treatment is considered to be optional it is not justifiable to ignore evidences of moderate toxicity and to continue use of the drug when such symptoms occur. On the other hand, in severe infections, such as meningitis and bacteremia, the fact that the prognosis ordinarily is poor and the fact that sulfonamides usually are the sole reliable measures of treatment make the use of sulfonamide drugs an essential therapeutic measure; that is, essential if one is to hope for recovery. Under the latter circumstances, continued use of a sulfonamide drug is sometimes justified when toxic symptoms occur which would contraindicate its use if treatment were to be considered purely optional. Serious errors have been made all too frequently in the past when some patient who had a mild disease, such as gonorrhea, continued to receive a sulfonamide drug in spite of recurring or persisting marked symptoms of headache, vertigo, nausea, anorexia, and the like. These symptoms frequently precede more serious complications and necessitate discontinuance of doses of the sulfonamide when it is being used as an optional measure. The same is true of a cutaneous rash, which may terminate as exfoliative dermatitis. On the contrary, however, when sulfonamide treatment is considered essential, the drug under such conditions may continue to be administered with caution or a change may be made to another sulfonamide under close observation, because in such an instance sulfonamide treatment seems essential to recovery. Many errors will be avoided if all patients receiving appreciable amounts of a sulfonamide for a few days have blood counts at frequent intervals, as indicated by the condition of the patient and the previous value of the blood count. I am sure that all patients receiving sulfathiazole, sulfapyridine, or sulfadiazine in appreciable amounts should have their urine examined daily and their intake and output of fluid carefully checked. Probably the majority of renal complications could be avoided if all patients receiving these drugs were treated according to a regimen which included a fluid intake of at least 3000 cc. and a urine output of 1400 cc. These drugs are practically entirely eliminated in the urine, and a high fluid balance of course allows a greater degree of dilution of drug, with less opportunity for renal damage. Under these circumstances, also, when there is a decrease in the output of urine or when symptoms of renal colic or hematuria arise, it is possible to detect the disturbance at a time when the margin of safety is greater, because of the high output of urine, and use of the drug usually may be discontinued before serious renal damage occurs.

"In the final analysis, it seems to me that most errors concerned with drug toxicity occur from a lack of observation and a failure to detect toxic complications early and to heed them, rather than a lack of knowledge of action of the drugs. Most of us have sufficient knowledge to enable us to use the sulfonamides intelligently, but most of us also have been guilty of contributing to the abuse of these drugs at some time because we have failed to detect or heed warnings of toxicity when they have occurred and have failed to discontinue the use of the sulfonamide when its further use was attended with unnecessary risk."

Sulfonamide therapy, like every advance in medicine, has not made the practice of medicine a simple procedure but has added many new problems. One cannot ignore diagnosis with the conviction that the sulfonamides will cure *everything,* but on the contrary the diagnosis often must be more exact than of yore. Perhaps the day may come when a therapeutic agent will be discovered which will eliminate all microörganisms from the body without harming the host, the dream of Paul Ehrlich, but that day has not yet arrived.—F. C. S., Philadelphia Medicine, Jan. 29, 1944.

VENEREAL DISEASE CONTROL IN INDUSTRY

AN ADDRESS BEFORE THE NEW JERSEY ASSOCIATION OF INDUSTRIAL PHYSICIANS, NOVEMBER 12, 1943

GLENN S. USHER, M.D.[1]
Chief, Bureau of Venereal Disease Control, New Jersey State Department of Health

I wish to express my appreciation for the opportunity to come before this group and express the point of view of the New Jersey State Health Department with respect to the problem of venereal diseases in industry. Dr. Mahaffey sends his greetings and has asked me to convey his desire to coöperate in every way with this organization.

Within the past few years considerable interest in the control of venereal diseases among workers in industry has developed. The cause, spread, and cure of these diseases, as well as their hazards to the patient, particularly mental and physical failure in late syphilis, have long been understood by the medical profession. Active interest in the control of the venereal diseases was not forthcoming until 1936, when a public informational program was inaugurated by physicians, health officers, and public educators. Since that time a great deal has been added to our knowledge of the prevalence of these diseases in the United States. We now know that syphilis is the most prevalent of the major communicable diseases.[2] As for gonorrhea, we know that more people acquire this disease per year than any other communicable disease, with the single exception of the common cold.

In New Jersey the prevalence of venereal diseases is somewhat lower than that for the United States as a whole. This is evidenced by the fact that whereas blood tests of selectees for the United States revealed an average of 45 positives per thousand men tested; in New Jersey there were only 27 positives per thousand tested. The rate for Negroes was about fifteen times that for the white selectees.

Workers in industry account for a large portion of the total population and therefore for a large portion of the venereal disease cases. The 1940 census lists a total labor force of some 53,000,000 who are fourteen years of age or older. The prevalence of venereal diseases in an industrial population will conform generally to the prevalence rate of the community in which the industry is located and will vary from one community to another. A recent review of serologic surveys of syphilis in industry showed positive rates ranging from a low of 0.5 per cent to a high of 10.5 per cent with an average of about 3 per cent. Serologic surveys of industrial groups in New Jersey have averaged about 3 per cent positive tests.

As for the rate at which venereal infections are acquired by industrial workers there are no reliable figures. If it were permissible to reason by analogy and assume that the infection rate among industrial workers in New Jersey is the same as that for soldiers in the Second Service Command, it would be easy to compute that there are in the neighborhood of 10,000 new venereal infections per year among New Jersey's industrial workers. These infections are costly to labor and to the employers of labor in terms of compensation costs, work interruptions and labor turnover, decreased efficiency of workers and personnel problems which arise from syphilis and gonorrhea as causes of ill health and nervous instability.

Industry has a stake in the venereal disease control program. Furthermore, a venereal disease control program in industry has the advantage of dealing with a group of the population which is easily accessible and which is more or less homogeneous. It is comparatively easy to sell to the employee because its objectives are (1) to improve the physical condition of employees; (2) to reduce the number of work days lost through illness or injury; (3) to utilize job placements in order that individuals who have a venereal disease may be placed in

1. Passed Assistant Surgeon, U. S. Public Health Service.
2. The author has borrowed freely from the chapter on Venereal Disease Control of the Manual of Industrial Hygiene, published by the National Institute of Health. This chapter was written by Surgeon Otis L. Anderson, U. S. Public Health Service.

positions where they are physically capable of performing with profit to themselves and their employers and without risk to themselves, their fellow workers, or the public; and (4) to prolong and increase the earning power of employees by increasing life expectancy.

Some New Jersey industries have developed outstandingly good venereal disease control programs. Those industries and the physicians who have brought those programs about deserve praise for their accomplishment. A great many other industrial concerns in New Jersey, however, are woefully lacking in this phase of their industrial hygiene program. Last spring the Bureau of Industrial Hygiene of the New Jersey State Department of Health conducted a sampling survey of 80 industrial plants to evaluate their industrial hygiene practices. These plants were chosen more or less at random from various parts of the State and the number of employees varied from 61 to 28,000. Of these 80 industrial plants 54 performed preemployment physical examinations and in only 33 of these were routine blood tests included. Twenty-three (23) included examination of men for gonorrhea and only 5 examined their women employees for gonorrhea. Twenty (20) of the plants conduct periodic physical examinations and in only 7 of these is the blood test included. In 25 of the industrial plants the employees are given medical examinations upon return from absence.

Of equally serious consequence were the employment policies revealed by this survey. In 24 of these industrial plants it is the policy of the companies to discharge employees who are found to have infectious syphilis and in 10 of these plants the employees are discharged even if the syphilis is found to be latent. In 17 plants employees who are found to have gonorrhea are discharged. The policy with respect to applicants for employment was found to be even worse. Twenty-eight (28) plants have the policy of rejecting applicants for syphilis regardless of the stage of the disease and 42 of them reject applicants with gonorrhea.

Another matter of serious concern was that 17 of the industrial plants admitted that nonmedical personnel have access to their venereal disease records. As for an educational program only a very few industries were found to have any kind of a systematic venereal disease educational program.

The findings of this survey indicate to me that industrial medicine in New Jersey is not taking full advantage of its opportunities in a field in which they can be of great service both in maintaining war production and in protecting the health of industrial workers and their families. How can any physician certify as a result of a physical examination that an employee is physically fit unless he has included a blood test as a part of his examination? A blood test is as essential to a complete physical examination as is a blood pressure reading. This survey indicates to me also that many industrial plants in New Jersey are guilty of unfair discrimination against workers with venereal diseases. This impression has been confirmed by personal observation. Why should a venereal disease patient who is cooperating with treatment and who does not have any of the late crippling complications be refused employment? All of us here today know that venereal diseases are not transmitted in industrial plants if the workers refrain from sexual intercourse while they are on the job. Venereal diseases are not even transmitted by food handling. Venereal diseases are transmitted by intimate personal contact and the exceptions to this rule are so rare that we can forget about them. As for the late manifestations of venereal diseases which may incapacitate the worker, if the employee does not have these at the time of his examination they can almost always be prevented by adequate treatment. May we not conclude then that if a worker cooperates with treatment he should not be denied the opportunity to earn a living.

The recommendations of the Advisory Committee to the U. S. Public Health Service on the control of the venereal diseases in industry are: (1) The worker should agree to take such treatment as may be indicated. (2) Whenever the stage of the disease is infectious, employment should be delayed or interrupted until such time as a temporary noninfectious stage is established through treatment. I may say parenthetically that this should require no

more than a week or two in the great majority of cases. (3) When syphilis exists in a latent stage employment should not be delayed or interrupted. (4) When disabling manifestations exist which render such persons industrial hazards to themselves, other employees, or to the public, employment may be deferred or denied. (5) Provision should be made, whenever possible, for occupational readjustment of employees who develop disabling manifestations that do not incapacitate them from performing some useful type of work. (6) Workers with syphilis in any of its stages and regardless of past or present treatment status should not be employed in areas of toxic exposure. (This has reference to the possibility of certain types of toxic fumes adding to the liver and kidney damage which may be caused by antisyphilitic drugs.) (7) Workers with gonorrhea receiving treatment with a sulfonamide drug should not be employed unless they are under special medical observation. (This has reference to the decrease of visual acuity and the slowing of reflexes sometimes caused by the sulfonamide drugs.)

This employment policy was designed with a view to being fair to both the employer and the employee. I think you will agree that it accomplishes this purpose and I hope that it will receive universal adoption in New Jersey.

With respect to venereal disease records, the desirability of keeping such records confidential would seem to be obvious. Lay persons cannot interpret such records intelligently and it certainly is unfair to the venereally infected worker to have his infection become known to the personnel of the plant. Such records should be kept under lock and key.

With respect to morbidity reporting, it is the responsibility of the treatment source to report all patients with venereal diseases on forms provided for that purpose to the State Health Department. Case reporting, therefore, is not considered the responsibility of the industrial physician who is engaged primarily in a program of case-finding and referral. When treatment is provided by the industrial medical service, however, the responsibility for such reporting obviously rests with the medical service. However, in view of the urgent necessity for placing infectious cases of syphilis and gonorrhea promptly under medical control the industrial physician making a tentative diagnosis of communicable syphilis or gonorrhea should acquaint the appropriate health authority with the fact without delay. Also if we can be of assistance to you in the referral of cases for treatment we should be glad to receive informal reports of the cases from you. Patients who are delinquent in their treatment should be reported to the State or local health department.

It is important to the success of a venereal disease control program in industry that an educational program precede and accompany the inauguration of venereal disease control measures. Inasmuch as the plant population is a compact well-organized group, the method of disseminating information can be direct and should not present unusual difficulties. Employees should be given a general understanding of the venereal diseases. It is desirable also that they be informed of the individual health benefits that will result from venereal disease control as well as the effect it will have upon their ability to earn a living. Information regarding prophylaxis should be furnished. Employees should be acquainted with the danger signals which should cause them to seek medical advice and the medical department should make such consultations freely available to workers if they prefer to go to the company physician rather than to their own private physician for the initial diagnosis of the disease.

Educational efforts should be directed at the employer as well as the employee. He must be made to realize that under proper medical care nearly all workers suffering from a venereal disease may be employed safely and profitably.

The educational program should be well organized. It should neglect none of the conventional approaches and should make use of such communication media as pamphlets, posters, folders, articles for publication in management and employee magazines, and, in addition, the presentation of the subject by speakers and motion pictures. Wall racks, located in places frequented by workers, are considered well

adapted to the purpose of distributing pamphlets and folders. Posters may be effectively displayed on bulletin boards located in plants, in union meeting rooms, and in other places where employee meetings are held.

Small groups in a plant population, such as foremen and shop stewards, may be selected for intensive education. In turn, these groups because of the positions they occupy in the plant should be expected to relay pertinent information to the total employee population. Thus the educational program will receive the benefit of person-to-person communication. Accuracy can be achieved by distribution of supporting literature. Motion picture films, literature, posters can be obtained from the State Health Department and from many local health departments.

One thing which should be emphasized to employees is the manner in which venereal diseases are transmitted, in order to overcome the unreasonable fear that some of them have of acquiring a venereal disease by working next to an infected person. This fear on the part of fellow workers has often forced employers to discharge infected employees unfairly.

In conclusion, may I say a word about the so-called Wassermann-fast patient. Many physicians have the inclination to treat syphilitic patients as long as the blood test is positive. A short time ago a physician wrote to me describing a case that he had treated regularly every week for 23 years. The blood test was still positive and he wanted to know what to do. The answer of course was that some 21 years ago the physician should have taken a spinal fluid examination and if that was negative he should have discharged the patient. That is an extreme case of course, but we frequently find patients who have had 150, 200, 300 injections. It cannot be too strongly emphasized that the blood test has nothing to do with infectiousness and it is not a good criterion of cure. A patient with late syphilis who has had the standard amount of treatment recommended by the Coöperative Clinical Group and whose spinal fluid is negative will get along just as well over a period of at least ten or twenty years as will a patient whose blood test reverses to negative. Before requiring an employee with a positive blood test to take treatment it would be well to be sure that he has not already had adequate treatment and a negative spinal fluid examination. If he has had these, further treatment should not be recommended.

DISCUSSION

DR. EVANS: What is standard treatment for syphilis?

DR. USHER: For early syphilis standard weekly treatment consists of alternating courses of arsenic and bismuth until a total of 30 injections of arsenical and 40 of bismuth have been given. Courses of arsenoxide or neoarsphenamine should consist of 10 injections each. The first course of bismuth should consist of four injections, the next of six, and subsequent courses should consist of eight to ten injections. It is advisable to overlap the courses of arsenic and bismuth somewhat. Before treatment is discontinued the patient should be asymptomatic and the spinal fluid examination should be negative. Recently, as you know, there has been a great deal of experimentation with more rapid methods of treatment for early syphilis. Time does not permit discussion of these more intensive methods at this time.

For late latent syphilis it is now felt that 20 injections of an arsenical and 20 of bismuth are sufficient if the physical and spinal fluid examinations are negative.

Treatment for late symptomatic syphilis, such as neurosyphilis and cardiovascular syphilis, must be adjusted to the individual needs of the patient. Usually a much longer period of time is required and neurosyphilis frequently requires fever therapy.

Booklets on the diagnosis and treatment of all of the venereal diseases are available from the State Health Department.

DR. SHAW: Do you give arsenic to patients over 45 years of age?

DR. USHER: We usually draw the line at 50 years of age. There is no great advantage in intensive treatment of a patient of this age if the syphilitic infection is classified as late latent. Usually bismuth therapy is sufficient. It is well, however, to examine the spinal fluid to rule out neurosyphilis and of course a careful physical examination is indicated.

DR. CARLISLE: Do you advise prolonged treatment in Wassermann fast syphilis?

DR. USHER: If the physical and spinal fluid examinations are negative, such a case should be given only the standard amount of treatment. Such a case should be observed occasionally for five to ten years. The Wassermann reaction has little prognostic value in a late case after adequate treatment. Incidentally, if the spinal fluid is negative in a late case or after adequate treatment of an

early case, it is extremely rare for it to become positive at a later date regardless of the blood Wassermann reaction.

Dr. Johnson: When is a syphilitic patient infectious and when can such a person be married?

Dr. Usher: Syphilis of more than four years' duration is not infectious regardless of treatment. In syphilis of less than four years' duration, if the patient has had 20 injections of an arsenical and 20 injections of bismuth and has had no mucocutaneous relapse during this period he may be considered permanently non-infectious.

New Jersey's premarital law requires that the parties to a marriage be free of syphilis in a stage which may become communicable.

Dr. Shaw: Some authorities do not consider a patient seroresistant if there is improvement in the blood Wassermann reaction; in other words, if the titre of the reaction is falling. These authorities believe that treatment should be continued as long as the titre continues to improve.

Dr. Usher: In most such cases where the standard amount of treatment has been given the titre will continue to fall even when treatment is stopped, indicating that little is being accomplished by the continuation of treatment beyond the standard amount. It should be pointed out, however, that most blood test reports in New Jersey are qualitative rather than quantitative. Any serologic test report by means of varying numbers of plus marks is only a qualitative test and is not intended to measure the quantity of reagin present.

Dr. Johnson: How can we insist on treatment?

Dr. Usher: Under New Jersey laws action can be taken only if the case is infectious and is considered likely to spread the infection. However, the Health Department will be glad to assist you in any case which requires treatment if you will report such cases to us.

In an industrial plant the threat of loss of employment can often be used to enforce the requirement of treatment. Of course I realize that at the present time this is often difficult with manpower at such a premium.

Dr. Evans: How can we obtain more adequate treatment for our employees by their family physicians?

Dr. Usher: Obviously the only answer to this problem is education. The problem is more than normally difficult with so many doctors in the armed forces and the remaining ones overworked. Industrial physicians can assist through the medium of their normal contact with the physicians of the community. It might help to forward a pamphlet on the diagnosis and treatment of syphilis with the first patient referred to any physician. Such pamphlets would be available from the State Health Department.

Dr. Evans: What is New Jersey doing about utilizing the rapid methods for treating syphilis?

Dr. Usher: Rapid treatment for early syphilis is being used in a few hospitals in New Jersey, notably the Essex County Isolation Hospital. The State Health Department is attempting to obtain funds to establish a State hospital for infectious venereal diseases. We are watching with great interest the experimental work on the use of penicillin for the treatment of both gonorrhea and syphilis.

CHRONIC BURSITIS

Of 50 cases of bursitis of various types involving the olecranon, prepatellar and popliteal bursae, chemical obliteration treatment was used in 27 cases presenting chronic effusion. Other appropriate methods of treatment were used in the remaining cases. In 27 cases treated by chemical obliteration in which a special type of rubber drain was used, 25 have apparently been cured. The number of required office visits is minimal and loss of time from work is short. The use of an indwelling specially devised rubber drain after injection of the irritant appears to reduce the necessity of reaspirations, shortens treatment time and results in a satisfactory number of cures.—Cottrell, J. A. M. A., Vol. 124, No. 2, p. 81.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-SIX

Patient, 29 years old. Grav. ii, para i. Gestation 9 months. Prenatal period normal. Normal delivery, 3rd stage completed without complication.

Uterus remained atonic in spite of medication and massage. Post partum hemorrhage. No equipment for other supportive treatment. Patient died 4 hours after delivery.

Why were not things available for packing, infusions, and blood transfusion?

W. B. Mount, M.D.

AN ANALYSIS OF 100 PUERPERAL DEATHS IN ESSEX COUNTY *

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-FIVE

ALFRED MEURLIN, B.S., M.D., F.A.C.S., East Orange, N. J.
Attending Obstetrician, East Orange General Hospital; Field Physician for Essex County

While the destruction of lives is proceeding at a terrifying pace throughout the world, we here are expending our efforts to save the lives of mothers and babies. One method which seems to have a beneficial effect in that direction is to review every puerperal death at a meeting at which the doctor who managed the case can hear the expressed opinions of others. As you all know, this educational program has been used not only in our County Societies in New Jersey, but in other states as well, for many years.

In Essex County, we are continually striving for better accuracy in our death certificates. We feel that we are making progress. Perhaps we should not be discouraged when it seems so slow, but take a longer view of affairs. We have at least come a long way from conditions such as I was interested in reading about in a recent book entitled "Paul Revere" by Esther Forbes. She states, "Paul Revere's little cousin Philip, hearing the cry of fire, ran out of his master's shop, which so chilled his blood that he went into a lethargy and expired soon after." In another paragraph, she spoke of "the keeper of the fish market, who, after eating a heavy dinner one night, was found dead in bed the next morning. It was supposed by the easy position in which he lay that he had no fit, but an entire stagnation of the fluids of his body." We would not expect to get away with that on a death certificate today. Up until a few years ago when we emerged from the stage of therapeutic nihilism upon the advent of plasma, the sulfa drugs, and endocrines, diagnosis was the ultimate goal of our aim. In spite of the extensive use of new chemicals and moulds, the solid cornerstone of scientific treatment still depends upon a correct diagnosis. "The principal reason for calculating and tabulating vital statistics is to give us full knowledge of the problem. They are as valuable as the autopsy, since it is necessary to know what women die of before a set program of prevention can be undertaken." [1] The oft-repeated motto in Obstetrics "to keep the normal case normal" might have as a corollary "to learn from the abnormal". It is from those cases that have ended in disaster that we are often best able to glean a valuable lesson.

The famous Sir William Osler, in a long series of cases coming to autopsies, found that errors in diagnosis were greater than 50 per cent. In all cases which we have investigated over the last three years, the diagnosis as given on the death certificate failed to agree with that determined by the committee in only 17 per cent, and the doctor had most gladly corrected his original death certificate after the reasons for the corrections were explained to him. An active committee can thus greatly aid in improving the accuracy of mortality tables. I should like to mention at this point three prevalent causes of inaccuracy.

1. Allowing the interns to sign the death certificates.

2. Giving the minor diagnosis as the chief cause of death.

3. In a few instances fear of criticism when giving sepsis or hemorrhage as a diagnosis.

It is difficult for some men to be intellectually honest when they think a puerperal death may reflect discredit on themselves or the institutions in which they work. Of course, investigation and review of these cases usually reveals the true facts.

In this group of 100 puerperal deaths there were 57 primiparas and 43 multiparas. There were 23 Negroes and 77 whites. The ages ranged from 16 to 45 years. The causes of death were:

* Read before the Section on Obstetrics and Gynecology of The Medical Society of New Jersey, at Atlantic City, N. J., April 26th, 1944.

1. Gordon, C. A.: Hemorrhage as the most important cause of maternal death. Am. J. Obst. & Gynec. 46: 366-373, September, 1943.

1. Abortions 26%
2. Sepsis 19%
3. Toxemia 13%
4. Hemorrhage 12%
5. Ectopics 8%
6. Other diseases occurring before delivery and other unspecified conditions such as puerperal psychosis, pneumonia, anaesthesia deaths, etc. 19%
7. Unclassified 3%

Abortions: Only three of these died of conditions other than sepsis. One was a Negress, 17 years old, who was picked up on the street by the police because she was acting queerly. She was found to be disoriented and had two epileptiform seizures after admission. She aborted a 4½ months' fetus two days later. Her blood pressure was elevated and her urine showed three plus albumin, many hyaline and granular casts, and red and white blood cells. Her temperature rose sharply post partum and she died the following day. An autopsy did not show any evidence of sepsis.

The second case, a white woman 42 years old, was operated on for fibroid tumors. She was a nullipara, and known to be about six weeks' pregnant. Her blood pressure on admission was 264/108. Blood showed marked nitrogen and sugar retention. The urea nitrogen being 151 mgms. and sugar 326 mgms. Following operation, her condition became progressively worse. She became comatose and died eight days later.

The last case was a white woman, 27 years old, nullipara, who developed a severe toxemia at five months' gestation. The condition was a rapidly fulminating one, and in spite of good treatment she died, 24 hours after spontaneously aborting.

It is, of course, impossible in a paper of this short length to go into detail in all the interesting cases. I should like, however, to summarize a few more of the most outstanding ones.

Sepsis: A Negress, 32 years old, nullipara. Was said to have been in labor five days. She had been seen twice for pre-natal care by her family doctor. He found no abnormalities in her urine, blood pressure, or measurements. Wassermann was negative. When admitted to the hospital there were no fetal heart sounds heard, no engagement of the head, and definite disproportion. The uterus was in tetanic contraction with a Bandl's ring. Pulse was 160 and irregular. A Cesarean was quickly done with drainage. Sulfanilamide was placed in the abdominal cavity, and she was given transfusions, but died four days post operative.

Many lives might be saved if more x-rays were taken before the first baby was delivered.

A white woman, aged 38 years, gravida 3, para 2. Gestation 7 months. Two previous pregnancies were normal. Physical condition was poor. Weight 286½ lbs. Blood pressure 218/160. Albumin 3 plus. Had had only one visit, clinic, day before admission to the hospital. She was treated for five days for toxemia, then a low flap Cesarean and ligation of the tubes was done. Her post-operative condition was poor. She died, 20 hours after evisceration through the wound. Cause of death was puerperal sepsis.

This is a typical example of the danger of operating on a poor risk patient with toxemia. As she was a multipara, induction and vaginal delivery would have been safer.

A white woman, 31 years old, whose cause of death was empyema and lobar pneumonia following a Latzko Cesarean, which was done for disproportion. Gravida three, nullipara. Had had two spontaneous miscarriages. Was admitted in labor which was allowed to continue for 52 hours with no appreciable progress. Following section patient ran a stormy course and died two weeks later.

This would seem to most of us to be a rather long test of labor.

Hemorrhage: A white woman, 28 years old. Nullipara. Admitted to the hospital in active labor, which continued for 31 hours. Two hours before she was delivered her temperature rose to 104. This was ascribed to acute pyelonephritis. The delivery was easy. Placenta and membranes complete. Ergotrate was given intravenously. No excessive bleeding. Fundus was held for one-half hour. The afternoon t. p. r. was 102, 110, and 20. Twelve hours after delivery a slight hemorrhage was noted as beginning. This continued without any gush of blood at any time until she died. Uterus was not packed because the hemorrhage did not seem to be great enough. Her condition gradually became worse. She ran a low septic temperature and died two days later. Nothing was done to stop or replace the blood lost.

"Comparing national figures for two five-year periods, 1931 to 1935, and 1936 to 1940, Yerushalmy finds 31% reduction in the infection group, 24% reduction in toxemias, and the least, or 16%, in deaths due to hemorrhage and shock." [2]

Ectopic: A white woman, 29 years old, nullipara. Had had no antepartum care. Vaginal examination showed a cervix firm, smooth, with tenderness in both fornices, especially the right, with a sense of mass in this area. Two transfusions were given, and a right salpingectomy was done a few hours after admission. The tube had ruptured near the cornu of the uterus. Patient died about seven hours post operative.

2. Yerushalmy, J.; Gardiner, E. M., and Palmer, C. E.: Studies in childbirth mortality: puerperal fatality in relation to the mother's previous infant losses. Pub. Health Rep. 56: 1463-1481, July 18th, 1941.

Except for this case, in which the duration of acute symptoms is not known, the other seven cases were seen from five weeks to two days before operation and treated expectantly during this time. The following is an example of too great a lapse of time between the beginning of symptoms and operation.

White woman, 33 years old. Had had vaginal bleeding for four days previous to admission. Had skipped one menstrual period. Complained of cramp-like pain in the lower abdomen. Blood pressure 118/72. No vaginal examination was made. The impression, however, was Ectopic or threatened abortion, and she was treated expectantly, although she continued to complain of abdominal pain and to have irregular spotting. Four days later her condition suddenly became worse. She then had more severe pain and moderate shock. Abdomen became rigid. She was operated upon and the abdomen was found to be full of old and fresh blood, the left tube was torn at its mid point. All types of stimulants and transfusions failed to revive the patient, and she expired.

OTHER DISEASES OF THE PUERPERIUM: Another interesting case which is suggestive of nutritional deficiency is the following:

White woman, 25 years old, nullipara. Was first seen two months before delivery. Her weight was then 157½, and just before entering the hospital was 150. Blood pressure was 120/60. She had been vomiting everything she ate for four days previous to admission, and frequently for two weeks previous to that. The urine showed 2 plus albumin and R. B. C.'s. Blood: Hgb. 77%. R. B. C.'s 3,820,000. W. B. C.'s 16,500. Polys 83. Lymphs 16. Monos 1. Had dental caries and infected tonsils. Heart had a faint systolic murmur at apex.

Previous to labor and while in the hospital, she had complained of tremors of her hands and legs, and numbness of both extremities. There was, however, no edema and no basal râles.

Urinary output during four days in hospital was practically nil, averaging about 2 oz. a day. Blood urea 56.8 mgms. Labor was induced by packing the cervical canal and vagina. There was only moderate bleeding post partum, and the fundus was firm. Following delivery she became irrational and finally comatose, dying 10 hours post partum. She failed to respond to treatment consisting of intravenous injections of glucose and mag. sulf., enemas, and heat to the kidney region. Had no transfusions, and no vitamins.

Posner and Hecht have recently reported a case of this type which responded dramatically to B_1 therapy.[4]

There is a definite pattern into which maternal deaths arrange themselves year after year. You are all familiar with the grouping, the great triumvirate of death of mothers, *sepsis, toxemia,* and *hemorrhage*. These 100 consecutive cases followed the usual pattern. However, many of these cases were put in a precarious position because of toxemia or hemorrhage. Regarding the latter, Dr. C. A. Gordon notes, "When certificates of death were compared with actual case reports submitted to The Committee on Maternal Welfare of the County of Kings in Brooklyn, it was found that neither infection nor toxemia had failed of report, hemorrhage, however had often been omitted. * * * If 37 deaths directly due to hemorrhage and shock, but assigned otherwise, are added to the hemorrhage factor and proper corrections are made elsewhere, hemorrhage appears as the most frequent cause of maternal death." [1]

The late Dr. Bingham said, in a recent article speaking of one of the cases of toxemia in this group: "So often poor physical condition and toxemia are the first indications of more complications later." [5] Siegel, speaking of maternal mortality in Buffalo, shows that "sepsis is the outstanding cause, being responsible for almost one-quarter of the deaths. Hemorrhage was second, composing 20% of the cases. Toxemia of pregnancy accounted for approximately 10% of the deaths. Experience has shown that toxemia patients are poor candidates for surgery, and that treatment of the toxemia is of primary importance." [6]

Another factor contributing to puerperal deaths is a long labor. I have underestimated the length of time in some instances because it was not definitely recorded, and have taken the time the woman was in labor in the hospital. In spite of this, our figures show an increase above that considered as normal. De Lee gives the following figures for length of

3. Biskind, M. S.; Biskind, G. R., and Biskind, L. H.: Nutritional deficiency in the etiology of menorrhagia, metrorrhagia, cystic mastitis, and premenstrual tension: II. Further observations on treatment with the Vitamin B complex. Surg., Gynec. & Obst. 78: 49-57, January, 1944.

4. Posner, A. C., and Hecht, E. L.: Gestational neuronitis, a deficiency disease. Am. J. Obst. & Gynec. 46: 700-707, November, 1943.

5. Bingham, A. W.: Maternal mortality statistics in New Jersey for 1942. J. M. Soc. New Jersey 40: 228-235, June, 1943.

6. Seigel, L. A.: Maternal mortality study in Buffalo, New York, 1935-1940. New York State J. Med. 42: 1472-1479, August 1st, 1943.

labor: Primiparas, 17-20 hours; multiparas, 12½-15 hours. The time for primiparas in this group of 100 cases is over 22 hours, and for multiparas over 18 hours. This bears out the reports of many other investigators. All cases which came to Cesarean section with or without a test of labor were excluded. Two of these had been in labor 86 and 52 hours respectively. On one, a Waters extraperitoneal operation was done, and on the other a trachelohysterotomy.

In considering excessive bleeding as a contributing cause, we have based our findings upon personal communications from the doctor, the hospital records, or nurses' notes on the chart. If a blood count was taken after labor, we have sometimes used that as a guide. The following is an example: The statement was made on the labor record that bleeding was only moderate, but packing was inserted to control it. The nurses' notes stated that bleeding continued through the pack after returning to the floor. Blood count taken a few days later showed hgb. 35%, R. B. C.'s 1,520,000. Also hemorrhage was not mentioned in the diagnosis at all. I believe we may assume that it was a contributing cause. On the other hand, on one case with a ruptured uterus following version, the rent was sutured so soon after that hemorrhage did not appear to be a factor. The patient later died of peritonitis. As the actual blood loss was measured in only one case of this group, it has been necessary to rely entirely upon clinical findings.

SUMMARY

Vital statistics are collected to give us full knowledge of the problem. It is necessary to know what women die of before a program of prevention can be undertaken.

Diagnosis given on the death certificates failed to agree with those decided to be correct after investigation and review in seventeen per cent. Three causes of inaccuracy are:

1. Allowing the interns to sign death certificates.
2. Giving the minor cause as the chief cause of death.
3. Reluctance on the part of some men to give hemorrhage or sepsis as a diagnosis due to fear of criticism.

In this group of 100 puerperal deaths there were 57 primiparas and 43 multiparas. Twenty-three were Negroes and 77 whites. Ages ran from 16-45. The causes of death were as follows: Abortions 26%. Sepsis 19%. Toxemias 13%. Hemorrhage 12%. Ectopics 8%. Other diseases and accidents of pregnancy 19%. Unclassified 3%.

All of the abortion cases died of infections except three.

One case of disproportion developed sepsis and died. Some cases could be saved if all nulliparas were x-rayed before labor.

Toxic cases were found to do badly if operated on. They are very poor risks for surgery.

Long tests of labor increase the mortality rate and should not be necessary.

Hemorrhage is an important contributing factor to maternal mortality. Often a slight but continuous bleeding is not considered serious until the woman is exsanguinated. It is important to replace excessive blood loss, and soon.

It was found that seven of the eight ectopic deaths were too long in coming to operation. It is necessary to always keep this condition in mind during the first trimester, and to make a vaginal examination if in doubt. Like appendicitis, it is better to operate too often than to wait too long.

CONCLUSION

We have shown in 100 consecutive cases of puerperal deaths occurring during the past three years in Essex County the causes of death in this group to be:

1. Abortions.
2. Sepsis.
3. Toxemia.
4. Hemorrhage.
5. Ectopic pregnancy.
6. Other accidents or diseases of pregnancy and the puerperium.

The most important contributing causes were hemorrhage and toxemia.

The mortality rate was also adversely affected by long labors.

144 South Harrison Street

STATE ACTIVITIES

1944 ANNUAL MEETING OF THE HOUSE OF DELEGATES

ABSTRACT

1. 1943 Minutes of the House of Delegates approved as printed and distributed in the August, 1943, *Journal.*

2. Election:

   President-Elect: Samuel Alexander (1 year)
   First Vice-President: Frank G. Scammell (1 year)
   Second Vice-President: Royal A. Schaaf (1 year)
   Secretary: Alfred Stahl (1 year)
   Treasurer: George J. Young (1 year)
   Trustees (3 years):
   William F. Costello (1st District)
   Joseph G. Coleman (2nd District)
   George W. Fithian (3rd District)
   Aldrich C. Crowe (5th District)
   Councilors (3 years):
   Vincent P. Butler (2nd District)
   Chester I. Ulmer (5th District)
   A. M. A. Delegates (2 years):
   Wells P. Eagleton
   Hilton S. Read
   Thomas K. Lewis
   A. M. A. Alternates (2 years):
   Elmer P. Weigel
   Lancelot Ely
   Clarence W. Way
   Connecticut Delegate (1 year):
   William G. Herrman
   Connecticut Alternate (1 year):
   Alfred Stahl
   New York Delegate (1 year):
   James F. Norton
   New York Alternate (1 year):
   D. Ward Scanlan
   Finance and Budget Committee (6 years):
   David B. Allman
   Publication Committee (3 years):
   J. Lawrence Evans
   Scientific Work Committee (5 years):
   John W. Gray (1st District)

3. 1945 Annual Meeting

   Last Week in May, 1945, in Atlantic City

4. 1944-45 Budget—$64,349.00

5. 1945 Dues—$22.00 per member

6. Reports of Officers and Committees Adopted:

   All reports and recommendations contained therein, as printed in the April, 1944, *Journal.*

7. Recommendations of Reference Committees Adopted:

   a. President's Report:

      Support of the A. M. A. by The Medical Society of New Jersey, now that the A. M. A. has at long last established a Bureau of Information in Washington.

   b. Board of Trustees' Report:

      Closer liaison between the Board of Trustees and the Welfare Committee.

   c. Medical Defense and Insurance Committee Report:

      Call attention of the members to the additional hazards on the increase in using electric modalities, and the advisability of applying for non-cancellable accident and health insurance.

   d. Post-Graduate Education Committee Report:

      Although final plan has not reached definite culmination as yet, concur in efforts and progress being made.

   e. Publication Committee Report:

      1. As soon as the emergency paper shortage is over that the full committee lists appear in each issue of *The Journal.*
      2. The liquor advertisements be continued for a trial period of three months; within that time or sooner the Publication Committee can ascertain the reaction of members of the State Society.

   f. Woman's Auxiliary Advisory Committee Report:

      Commendation to the Auxiliary on such an extensive program during this wartime period and hearty congratulations and wishes for a successful completion of their efforts.

   g. Annual Meeting Committee Report:

      1. For the duration every attempt be made to continue a similar type of meeting as presented this year.
      2. Emphasize the importance of the General Session meetings with respect to the present medico-social problems and post-war planning carried out this year.

3. Express approval of the sound-color film as well as a word of praise to the numerous commercial exhibitors.

h. Scientific Program Committee Report:
The members of the Society be urged to give better attendance to the Sections, when speakers have been asked to present papers and give their time to make the various Sections both instructive and helpful.

i. Legislative Committee Report:
Proper recognition be given to the Osteopathic Society of New Jersey for the help in opposing the chiropractic bills.

j. Tuberculosis and Adult Disease Control Committee Report:
The elimination of the words in brackets in the following recommendation, and the plan be referred back to the Board of Trustees for study:

That the Committee on Tuberculosis and Adult Disease Control wishes to go on record as endorsing industrial x-ray surveys for the discovery of tuberculosis (and is in favor of the plan outlined by the Board of Health), leaving the question of sponsorship, of cost, etc., to be determined by the State Society, through its appropriate committees.

k. Medical Service Administration Report:
1. The State Society communicate with all physicians in an attempt to secure their active coöperation so that the Farm Security Administration Medical Plan may eventually function with complete success.
2. The efforts of the Medical Service Administration re the Newark Medical Plan be extended to other localities if and when the present plan proves successful.
3. The State Society send an official letter to the Honorable John A. Brady, Commissioner of Newark, expressing appreciation for his coöperation and sympathetic understanding of the needs of the people of his community.
4. The State Society actively support and coöperate in the further work of the Medical Service Administration.

l. Medical-Surgical Plan Report:
The active coöperation of every member of the State Society and the active support of each County Medical Society be given to the Medical-Surgical Plan.

m. Procurement and Assignment Report:
The House of Delegates memorialize the State Board of Medical Examiners requesting that they coöperate by admitting to their examination only such applicants who have had the equivalent of the training program outlined in the Interne Training Report.

8. Resolutions Adopted:

a. Surplus:
Resolved that, because of the uncertainties of the war, the indefinite aspect of income and expenses for the duration, and because we must and should be financially prepared to do something for the men in service when they return from war, we hereby rescind our action of some years ago limiting our surplus to $20,000.

b. Death of Dr. Elias J. Marsh

c. Emergency Maternity and Infant Care
Whereas, We physicians are keenly aware of the real sacrifices that the millions of men in our armed forces are making in this war, fighting for freedom and the preservation of the American Way of life, and

Whereas, The Medical Profession is very desirous of helping maintain the morale of our fighting forces in the very important matter of their wives and children receiving the best possible available medical service, and

Whereas, The good *quality* of *medical* service and all *other* health professions' services depend largely on the *good will* and *hearty coöperation* of those actually *rendering* this service, and

Whereas, It is therefore *essential,* in order to render *good quality Medical service* to service men's families, that the *Medical Profession itself initiate* and *maintain* all possible measures to promote the best possible medical service for these families, and

Whereas, It has been shown by experience in New Jersey that service men's families eligible to benefits under EMIC regulations do not receive the highest quality of medical service because of the impossibility experienced in the past year by a majority of our physicians in participating under the inflexibly arbitrary and restrictive Federal regulations imposed on State agencies operating the EMIC plan, and

Whereas, Fear has been expressed that moneys directly allotted to dependents for emergency maternity and infant medical care might be diverted to other uses, therefore

Be It Resolved, That as a tribute to our New Jersey men in service, putting into words what most of our member physicians are already doing, it be the declared policy of The Medical Society of New Jer-

sey that our member physicians give extra consideration to the needs of the service men's wives, children, and other dependents, where there is no *direct* government allotment to them, by adjusting fees for all medical services to them and also to the service men themselves after discharge from the service, to one-half the usual charge for such services in all cases where the family income, now or post-war, in the opinion of the family physician, is a modest one and possibly insufficient for the maintenance of a reasonably good American standard of living, and

Be It Further Resolved, That the physicians of New Jersey are unwilling to participate in the EMIC plan as at present operated; that this attitude is not based on a mere haggling over details of conditions and remuneration, but on a belief that the plan is wrong in basic principles; that correction of these principles should contemplate

(a) Determination of details of administration by Local Agencies and by direct participation in such determination by representatives of the organized physicians of the State, and

(b) Direct allotment of moneys to eligible dependents through existing military disbursing agencies in a form making such sums non-negotiable except in payment of approved hospital, medical, dental, nursing and pharmaceutical expenses, and

Be It Further Resolved, That pending reorganization of EMIC operations, the physicians of New Jersey do pledge themselves that they will render medical care to the dependents of service men eligible to EMIC benefits on a just basis, even though this obligation involve in most cases the outright donation of such care, or the temporary acceptance by individual physicians of the provisions at present authorized by the EMIC; and that the conditions of rendering such service will be fixed without humiliation or embarrassment to the recipients thereof,* and

*Interpolation of third resolution:

In other words, we do not want to prohibit any members from playing ball with the present set-up if they feel it to their best interests and their conscience interest to do so, but we do want to very definitely express our dissatisfaction with the present set-up and the hope for improvement, particularly in the two regards specified.

Be It Further Resolved, That our Delegates to the American Medical Association be instructed to promote the principles embodied herein, and

Be It Further Resolved, That The Medical Society of New Jersey recommend similar action to all allied Health Profession Organizations of New Jersey and in these United States and that copies of this resolution be transmitted to them.

STATE

The New Jersey State Dental Association
The New Jersey State Nurses Association
The New Jersey Public Health Nurses Association
The New Jersey State Pharmaceutical Association
The New Jersey Hospital Association

ETC.

The American Medical Association
The National Organization of Public Health Nursing
The American Dental Association
The American Hospital Association
The American Academy of Pediatrics
The American Association of Obstetricians, Gynecologists and Abdominal Surgeons
The American Gynecological Society
The American Board of Obstetrics and Gynecology, Inc.
The American Board of Pediatrics
The American Pediatric Society
The Central Association of Obstetricians and Gynecologists
The Pacific Coast Association of Obstetrics and Gynecology
The South Atlantic Association of Obstetricians and Gynecologists

d. Medical-Surgical Plan:

Whereas, Certain County Medical Societies have not approved the Medical-Surgical Plan, and

Whereas, The Board of Trustees, through a Special Committee, has had numerous conferences with representatives of these Counties, and

Whereas, The objections of these County Societies have been met and the Medical-Surgical Plan revised accordingly, and

Whereas, These County Societies, through conflict of meeting dates, have been unable, since this revision, to hold meetings to approve this action;

Therefore, Be It Resolved, That this House of Delegates rescind its action in reference to Section 1 and Section 3 of the report of Reference Committee "B" at Newark, N. J., May 26, 1943.

(Section 1—That no organic change be made in the Plan as it is now constituted.)

(Section 3—That the decision of the Counties to support or oppose this Plan be left wholly in their jurisdiction, and that no attempts be made to get these Counties to subscribe to the Plan unless

it is on their voluntary request for additional information.)

9. Constitution and By-Laws Amendments Adopted:

   a. Constitution, Article VI — Board of Trustees (final action in 1945)

   "The Board of Trustees shall be the executive body, and shall be composed of *the Junior Past President,* the President, * * *"

   b. By-Laws, Chapter 1, Section 2

   "(a) March **first** in each year * * *"
   "(b) On the **first** day of March in each year * * *"

10. Motions Passed at First Session:

   a. Members in Service

   The Board of Trustees to indicate an individual or set up a committee whose duty it shall be at intervals during the year to prepare in the form of a letter a communication to our members in the service giving them the highlights of what is happening in our Society and other news of interest to such members.

   b. Prescription Writing

   The Delegates to the American Medical Association be instructed to work for a listing of both apothecary and metric measures on all literature of pharmaceutical houses and their products; and the American Medical Association be requested to contact the faculty of all Class A medical schools to get their coöperation in teaching only the metric system, so that a gradual evolution can be made to the metric system, rather than a sudden transition, almost a revolution, during the present wartime emergency, while there is such a shortage of physicians.

COLLECTION OF NAVAL COMMISSIONS

The National Naval Medical Center of Bethesda, Maryland, is endeavoring to collect for its archives a complete set of commissions issued to Naval medical officers, and signed by past Presidents of the United States.

There is a small nidus now at the Center and it is hoped to be able to build this up to completion. Through the Navy Department Library and the National Archives a few more have been located. If any libraries or individuals have in their possession such old commissions and would be willing to turn them over to the Center, there could be no more fitting enshrinement to them than their use for this purpose.

Address all communications to Commander Robert C. Ransdell (MC), USNR, Division of Publications, Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.

THE ESTABLISHED VALUE OF SLEEP

Sleep, that knits up the raveled sleeve of care, the death of each day's life, sore labor's bath, balm of hurt mind, great nature's second course, chief nourisher of life's feast.—Shakespeare.

The physician has a daily demonstration of the almost magic effect of sleep, and values it highly as a prime essential in man's physical and mental well-being. Sleep is the state in which healing and recuperation proceed at their highest rate, and during the period of growth it provides opportunity for this process to go on simultaneously with recuperation which makes up for the wear and tear of the day's activities.

Plants and animals require sleep for their growth and development. Knowing all of this, the physician himself often neglects to put into use this valuable therapeutic aid, although he strongly advises his patients as to its absolute necessity. Unfortunately the physician does not always practice all he preaches, even though he is convinced of the great healing powers that lie in the procedures he so strongly advocates. He does not take the necessary time.

The true physician thinks first of his *patient's* needs and the service he can render in meeting these needs. This is often knowingly done at the sacrifice of his own interests and health, but that is the price which the sons of Aesculapius willingly pay in the practice of their noble profession.

DR. HENRY C. BARKHORN RECEIVES THE EDWARD J. ILL AWARD

On Thursday, May 18, 1944, at the Annual Meeting of the Academy of Medicine of Northern New Jersey, a large and friendly audience witnessed the bestowal of the Edward J. Ill Award on Dr. Barkhorn.

CITATION BY DR. JOHN W. GRAY, PRESIDENT

We have now arrived at an impressive part of the program—the presentation of the Edward J. Ill Award to Dr. Henry C. Barkhorn. In 1939 this Award was established with the provision that it be given at such time as the Council deems wise, to that doctor from Northern New Jersey who merits it for his extraordinary service as a physician and as a citizen.





Capt. French R. Moore (M.C.), U.S.N.; Dr. Henry C. Barkhorn, Dr. John W. Gray, Dr. Royal A. Schaaf

It is a great privilege for me to have this opportunity of telling you why Dr. Barkhorn is especially deserving of this distinguished honor.

There is no individual who has done more for the Academy than Dr. Barkhorn. From 1922 to 1935 he served as Treasurer. He was then promoted to Vice-President and to President. He has been Chairman of the Public Health and Education Committee since 1935 and Chairman of the Board of Trustees since 1942.

Dr. Barkhorn has been no less active in organized medicine than in the Academy. He was President of the Essex County Medical Society in 1930. In The Medical Society of New Jersey he was a member of the Welfare Committee in 1922, and during the past fourteen years has been Chairman of the Publication Committee. During Dr. Davidson's absence in service Dr. Barkhorn has edited the State Medical Journal and is also editing the County Society's Bulletin for the duration.

Dr. Barkhorn has served as President of the Practitioners Club, the Doctors Club and the Cornell Medical Alumni Association.

In practice, Dr. Barkhorn specializes in ear, nose and throat. When one thinks "mastoid" he thinks of Dr. Barkhorn. He is Attending or Consulting Otolaryngologist or Head Surgeon in practically every hospital of Northern New Jersey. He is a Fellow of the American College of Surgeons.

In civic organizations, besides his contacts through the Public Health and Education and Town Hall Committees of the Academy, he has been a Board member of the Welfare Council of Newark since 1941. He is a staunch supporter of all worthwhile public projects.

It is not difficult to understand the secret of Dr. Barkhorn's success. He is generously endowed with characteristics of personality that stimulate friendship and confidence. He is cheerful; he is kindly; he is never too busy to help solve one's problems; his decisions are quick and his judgment is sound. He is liberal-minded and is tolerant of other people's views.

A Committee of three, Dr. Danzis, Dr.

Sprague and Dr. Tobey, has prepared a souvenir for this occasion. Perhaps the audience would like to know what is engraved on this plaque.

"A Man of Wisdom and Understanding,
Talented Surgeon, Eminent Citizen."

Henry, it is with profound esteem and affection that we present you with this Award.

RESPONSE BY DR. BARKHORN

I can do no better than to start the same way Mrs. Barkhorn did some years ago when she received a similar honor. It was my good fortune as a young doctor, to marry a very helpful and inspiring young woman who has since been an ideal guide to foster loyalty, imagination, hard work and the spirit that "we who care must do these things". As the children grew up they too gathered at the dining room table with plenty of room to thrash around and helped in the extra curricular activities that go to make a full life.

Thirty years and more ago, Drs. Webner, Baldwin and Rogers taught me much in our mutual medical field. I have always been lucky in my associates, Dr. Clarken, Dr. Cardwell, Dr. Miller and my beloved brother, Dr. Charles W. Barkhorn, in addition to those in the Beth Israel, in the Infirmary and other clinics, and the office staffs in my various activities because they all, by their loyalty and helpfulness, did much to advance my professional and civic standing. If I were to choose a theme for tonight, it would be loyalty and giving credit for sincerity to our colleagues, but another and very worth while address is to follow, so this is neither the time nor the place for such a talk.

Each recipient has added something to the character and meaning of the Ill Award. Dr. Eagleton as a beloved philosopher, Dr. Danzis as an inspiring executive, Dr. Hawkes as an exemplar of integrity, Dr. Bingham as an instructive author, Dr. Martland as a dynamic teacher. The original die of the plaque went to Dr. Ill on his 85th birthday and was inscribed: First President, Benefactor, Honorary Fellow, May 23, 1939.

To me, it seems this award as it continues to gather background will be more and more coveted and will inspire the profession of Northern New Jersey to emulate the very worthwhile personality of Dr. Ill.

The members of the Academy in a scientific way, and of the County Societies of the northern tier of counties in a socio-economic way, are solving our problems here and now, as we hear the roar of planes overhead. When our fellows return from the war, we will have evolved a philosophy of right and wrong so that they may repeat the British prayer, "when I awake both whole and free".

I appreciate this award more than words can tell, both for myself and for my group. To me personally, it is a priceless token of the love of my friends.

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY

REMARKS BY THE PRESIDENT AT THE ANNUAL MEETING, MAY 18th, 1944

John W. Gray, M.D., Newark

The time has arrived for me to give you a brief account of my stewardship of the Academy. It has been a successful year in spite of handicaps. Worthwhile essentials have been maintained. Without the splendid coöperation of every Officer and Fellow this would not have been possible. I thank you all for your support and loyalty during my administration.

At the beginning of the season our Trustees decided that we should try to maintain a normal schedule. Thirty-three scientific meetings have been held and judging from the attendance at the meetings and the interest shown in the programs, their decision was wise.

The Section meetings, because of the opportunity for intimate discussion which they afford, should be given first consideration. Every Section Chairman deserves great praise for the active part he has played in developing the spirit of free discussion from the floor in his respective group. I predict that doctors returning from military service will be most interested in attending meetings where they can swap ideas.

We have been unusually fortunate in obtaining outstanding speakers for General Session programs. In October Col. Holbrook and Col. Rusk told us about the Advancement in Avia-

tion Medicine. In November Prof. Flippin of Philadelphia brought Chemo Therapy up to date. The December meeting was combined with the County Society and Dr. Buerki, Dean of the Graduate School of Medicine at the University of Pennsylvania, gave a stimulating address on Medical Education. In January Dr. Toumey from St. Alban's Naval Hospital talked about Fractures from the Orthopedic Point of View. At the March meeting Prof. Alexander from St. Louis gave an electrifying address on Intrinsic Asthma. In April Prof. Matthews from New York discussed Tumors in Relation to Pregnancy. Tonight we have the rare opportunity of listening to Capt. French R. Moore (M. C.), U. S. N., regarding his experiences in the South Pacific.

From the educational point of view the library is just as important as the meetings. The Academy was built around the library and the nucleus of a medical library which had been started in the Newark Public Library when the Academy was founded thirty-three years ago has made a phenomenal growth and we can now boast of some 13,000 volumes. We are fortunate in having an efficient librarian who has served in this capacity eighteen years. You should know that her services are maintained by public funds through the Newark Public Library and that the Medical Library is open to the public. There are many improvements needed, including a quiet reading room, more stack space on the ground floor and a fireproof annex for rare books. A new mahogany case fitted with locks is being constructed for the rarest rare books. This can be used for general storage in a fireproof annex at a later date. Mrs. John F. Hagerty generously donated $1,000 for library purposes as a memorial to her late husband, Dr. John F. Hagerty, a man who played a very important part in the Academy's development. After looking over the situation very thoroughly, the Trustees, the Library Committee and Mrs. Hagerty decided that special glass doors on either side of the entrance corridor, opening into the library, would be a suitable memorial. We thank Mrs. Hagerty for such a beautiful gift to the Academy. It is appropriate to have a memorial to Dr. Hagerty in this building and in this location because he was a pioneer in procuring a permanent home for us and because he was very much interested in the Library.

I should like to call your attention to the House Committee's annual report. It shows that the Academy building is used not only for Academy meetings, but also for those of the County Society, the Dental Societies, the Woman's Auxiliary, nursing groups, State Society Committees, Library Associations, Technicians and Pharmacists.

The Treasurer's report shows that although one-third of our members are in service our credit balance averages that of other years.

During the past year 48 new Fellows were elected to the Academy. This increased census would indicate that the profession is becoming more and more aware of the value of membership in this institution. Not only the profession, but also the public should know that the Academy was founded and is maintained for scientific educational advancement and as such holds a unique position in the community.

We have coöperated with the County and State Societies in studying plans for more adequate medical care. Dr. Judd told us at Atlantic City last month that the Wagner-Murray-Dingell Bill is buried, but not deeply, and unless the medical profession can furnish a workable plan and can develop the machinery for selling it, there are strong pressure groups that will gladly scrap what our profession has accomplished in giving eighty per cent of the people of this country the best medical care of any people in the world. Plans are being developed which may be successful if we stick together and work hard without abatement.

Looking into the future it seems to me that there should be a survey made of the members of the Academy and of the several County Societies of Northern New Jersey to find out what they think should be done to best serve the interests of the profession from a scientific point of view. When our members return from military service to civilian practice they will need a good reference library and the influence of an educational Medical Society of this sort, especially those who have received clipped medical courses and abbreviated internships. The doctors who remained at home have been too busy to study and take refresher courses. They will need to polish up and trim their sails if they expect to participate in a "stepped up" tempo of medical efficiency when this war ends.

In closing, allow me to congratulate you upon the choice of Dr. Schaaf as my successor. He is a man of great ability and is thoroughly experienced in the medical educational affairs of this State.

NUTRITION IN EVERYDAY PRACTICE

S. WILLIAM KALB, M.D., Newark, N. J.
Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. Are fried foods harmful to children? No. To fry foods properly, the fat or butter must be hot before food is put in the pan and frying should be quick.
2. Which is more easily digested, boiled potato or French fried potato? French fried.
3. How long can orange juice stay in the refrigerator without losing its nutrients? Not over one hour. Orange juice is most nutritious when it is first made.
4. Are diuretics useful in the treatment of traumatic edema of the joint? Sixty grains of Ammonium Chloride daily plus a low salt and acid producing diet will remove the fluid.
5. Is there much vitamin loss in the sweat during the hot summer months? The amount lost is negligible and no replacement therapy is necessary if the diet is adequate.
6. What are the ocular changes in riboflavin deficiency? Hemorrhagic injection of the cornea. This is sometimes mistaken for "pink eye". The lids are red and swollen with some crusting.
7. What can be done for anemic patients who respond slowly to liver extract? Give 300 mg. of ascorbic acid daily in addition to liver extract.
8. Can rectal bleeding be decreased in ulcerative colitis? Yes. Give vitamin K.
9. Are sweet potatoes nutritious? Yes. They are an excellent source for ascorbic acid.
10. Is there any vitamin that facilitates slow wound healing? Yes, vitamin C. This is a useful therapeutic agent, especially postoperatively, in surgery.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February 1943 issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. It is emphasized that to *obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Allentown—Farmers Hospital
Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
J. S. Hunt Laboratory, 805 Atlantic Ave.
Municipal Hospital
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bloomfield—Health Department
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
West Jersey Homeopathic Hospital
Cape May Court House—County Court House
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—Health Department
East Orange General Hospital
Elizabeth—Alexian Bros. Hospital
Health Department
Koppish Pharmacy
Englewood—Englewood Hospital
Franklin—Franklin Hospital
Hackensack—Health Department, 346 State St.
Irvington—Health Department
General Hospital
Jersey City—Christ Hospital
Fairmount Hospital
Greenville Hospital
Hudson County Board of Health Laboratory
Hudson County Contagious Disease Hospital
Medical Center
Physicians and Surgeons Clinical Laboratory, 591 Summit Ave.
St. Francis Hospital
Lakewood—Paul Kimball Hospital
Linden—Health Department, City Hall

Long Branch—Board of Health
Monmouth Memorial Hospital
Mays Landing—District Regional Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Mountainside Hospital
Morristown—All Souls' Hospital
Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Newark—American Legion Hospital
Asen Clinical Laboratory, Medical Tower
Beth Israel Hospital
Coit Memorial Babies' Hospital
Columbus Hospital
Community Hospital
Newark Memorial Hospital
Presbyterian Hospital
St. Barnabas Hospital
St. James Hospital
St. Michael's Hospital
Neptune—Fitkin Memorial Hospital
Neptune Township Board of Health
New Brunswick—Middlesex General Hospital
St. Peter's Hospital
New Monmouth—Middletown Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Bldg.
Ocean City—Friel Clinical Laboratory, 232 Asbury Ave.
Orange—Orange Memorial Hospital
Passaic—Beth Israel Hospital
Passaic General Hospital
Physicians' Laboratory Service, 199 Monroe St.
St. Mary's Hospital
Perth Amboy—Perth Amboy General Hospital
Phillipsburg—Warren Hospital
Pitman—District Health Office
Princeton—Health Department
Princeton Hospital
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Riverside—Zurbrugg Hospital
Salem—Salem County Memorial Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Overlook Hospital
Trenton—Lavinson Pharmacy
McKinley Hospital
Mercer Hospital
St. Francis Hospital
Union City—Union City General Hospital
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
West New York—General Research Laboratory, 444 W. 60th St.
Westfield—Board of Health
Woodbury—Underwood Hospital

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

BALLINGER, REEVE L. (Kearny)
Synthetic coal tar formula approved for the New Jersey Formulary. J. Med. Soc. New Jersey 41: 98-99, Mar. 1944

CAMPBELL, WILLIAM KING (Long Branch)
Dr. George W. Campbell, 1748-1798. J. Med. Soc. New Jersey 41: 47-50, Feb. 1944

CLARK, ANN L., R.N. (Montclair)
Statistical record of experience with a breast milk bank. J. Med. Soc. New Jersey 41: 45-46, Feb. 1944

ELLIS, WILLIAM J. (Trenton)
Social security. J. Med. Soc. New Jersey 41: 81-84, Mar. 1944

EPSTEIN, JEANNE A., B.S.; E. J. FOLEY, ISABEL PERRINE, B.M., and S. W. LEE, Ph.D. (New Brunswick)
Convenient assay method for penicillin and similar substances. J. Lab. & Clin. Med. 29: 319-20, Mar. 1944

FOLEY, EDWARD J. (New Brunswick)
Observations on immunity in streptococcal lymphadenitis of the guinea-pig. J. Immunol. 48: 185-189, Mar. 1944

FOLEY, E. J.—see also Epstein, Jeanne A.

GALLO, JAMES S. (Paterson)—with George T. Pack, New York
Indications for conservatism in the surgical treatment of rectal cancer. J. Med. Soc. New Jersey 41: 85-90, Mar. 1944

GOLDSTEIN, HYMAN (Camden)
Some notes on military medicine and surgery through the centuries. Rev. Gastroenterol. 11: 37-43, Jan.-Feb. 1944

HEMMING, ALBERT (Rahway)
Penicillin. J. of the Nat'l Med. Assn. 36: 37-42, Mar. 1944

HOUCK, CAROL L.—see McKee, Clara M.

Janifer, Clarence S. (Newark)
Education of mothers of well babies through teaching at the Baby-Keep-Well Stations. J. Nat'l Med. Assn. 35: 200-202, Nov. 1943

Kalb, S. William (Newark)
Nutrition in everyday practice. J. Med. Soc. New Jersey 41: 59, Feb. 1944, 97, Mar. 1944

Lee, S. W., Ph.D.—see Epstein, Jeanne A.

McKee, Clara M.; Geoffrey Rake and Carol L. Houck (Squibb Institute, New Brunswick)
Studies on aspergillus flavus. II. The production and properties of a penicillin-like substance—Flavacidin. J. Bact. 47: 187-197, Feb. 1944

Perrine, Isabel—see Epstein, Jeanne A.

Polowe, David (Paterson)
Splenectomy in pregnancy complicated by thrombocytopenic purpura hemorrhagica. J. A. M. A. 124: 771-783, Mar. 18, 1944

Rake, Geoffrey—see McKee, Clara M.

Ripley, Warren (Montclair)
Breast milk for emergency feeding. J. Med. Soc. New Jersey 41: 43-45, Mar. 1944

SUPPLEMENTARY LIST OF MEMBERS NO. 2

TO THE OFFICIAL LIST, MARCH 15, 1944

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

ACTIVE MEMBERS

Bagg, Linus W., 31 Lincoln Park, Newark (7)
Brody, Morton S., 67 Paterson st., New Bruns'k(12)
Browne, George F., 598 Valley rd., Up. Montcl'r (7)
Buckner, Roscoe W. H., 20 Rose st., Newark (7)
Burke, Leonard P., 30 Lakeside av., Verona (7)
Cantalupo, Emidio, 95 Nichols st., Newark (7)
Casey, Robert B., 104 W. Milton av., Rahway (20)
Catlaw, J. Kenneth, 254 Montgomery st., Jer.City(9)
Cerreto, Frank R., 395 Roseville av., Newark (7)
Cordasco, Peter, 517 Roseville av., Newark (7)
Decker, Frederick H., Frenchtown (10)
Deitmaring, Francis A., 7922 Blvd., N. Bergen (9)
Del Baglivo, Mario, 266 Newark av., Jersey City (9)
Demarest, J. Willis, 124 Elm av., Hackensack (2)
Denig, Ralph D., 370 State st., Hackensack (2)
DeVincenzo, F. Rich'd, 629 W'sh'gt'n st.,Hoboken(9)
Draesel, Charles, 9027 Boulevard, N. Bergen (9)
Dresel, Irmgard, Far Hills (18)
Evans, Joseph O., 727 N. Wood av., Linden (7)
Flax, Jacob L., NAVY (7)
Fritsch, Alfred, 82 Lyons av., Newark (7)
Galotta, Margaret, 533 Prospect av.,Hackensack (2)
Gibson, Augustus, R.F.D. No. 1, Scotch Plains (7)
Goodman, Kenneth, 141 Park av., East Orange (7)
Gorog, Nicholas M., 159 Bayard st., NewBr'ns'k(12)
Greer, Melvin A., ARMY (7)
Harman, Byron M., Essex Mt. Sana., Verona (7)
Harrington, Walter L., 104 S.Munn av.,E.Orange(7)
Jenkins, R. Jewett, 683 High st., Newark (7)
Katz, Jacob D., 2758 Boulevard, Jersey City (9)
Klein, Milton, 45 E. Blackwell st., Dover (14)
Kleinman, Eberhart H., 560 Broadway,Paterson(16)
Lamy, Anthony W., 560 Newark av., Elizabeth (20)
Lathrope, George H., 965 Broad st., Newark (7)
Masterson, John F., 98 Myrtle av., Irvington (7)
McMurtrie, Wm. A., 20 Franklin st., Morrist'n (14)
Merliss, Eugene, 386 Clinton av., Newark (7)
Mintz, Alvin E., ARMY (9)
Obert, J. Edwin, Main st., New Egypt (15)
Olson, Vendela, 100 Prospect av., Hackensack (2)
Opfermann, John L., 167 Bay av., Highlands (13)
Patterson, Isaac N., 230 Broadway, Westville (8)
Pullen, Guy F., 111 Leonia av., Leonia (2)
Richardson, Arthur H., 60 Orange rd., Montclair (7)
Rigeron, D. George, 160 Franklin st., Bloomfield (7)
Robie, Theodore R., 144 Harrison st., E. Orange (7)
Scerbo, Ernest, 1-09 34th st., Warren Point (2)
Schiffmann, Samuel, 107 Spruce st., Newark (7)
Schneider, Leo, 31 Lincoln Park, Newark (7)
Silverstein, Max, 605 First av., Asbury Park (13)
Spallone, Jos. C., 123 Mt. Prospect av., Newark (7)
Teebor, Alfred, 869 S. 13th st., Newark (7)
Thompson, Frank F., 18 Elmwood av., Montclair (7)
Vaccaro, Sebastian P., 509 4th av., Asbury P'k (13)
Wright, Robert E., 106 N. Grove st., E. Orange (7)

ASSOCIATE MEMBERS

Gershenson, Wilbur M., 78 Hillm'n dr.,E.P'ters'n(16)
McLaughlin, Wm. B., 39 Quinby pl., W. Orange (7)
Mele, Vincent J., 275 S. 7th st., Newark (7)
Salmon, Geo. G., Jr., 144 Harrison st., E. Orange (7)
Scovern, Louis, 331 Broadway, Paterson (16)
Spagnola, Peter, U. S. Veterans Hosp., Lyons (12)

COUNTY SOCIETY REPORTS

ATLANTIC COUNTY

Daniel C. Reyner, M.D., Reporter

A regular meeting of the *Atlantic County Medical Society* was held at the Atlantic City Hospital Solarium on April 14, 1944, DR. THEO. H. BOYSEN presiding.

The meeting began with the scientific program and the first invited guest speaker was introduced, LIEUT. CLIFFORD MURRAY, M.C., U. S. N. R., Naval Hospital, Philadelphia, and Atlantic City Hospital Staff member on leave of absence.

The subject of the blood bank was discussed from the standpoint of the recent advances in the use of those blood derivatives which may be obtained from the hospital blood and plasma bank. The preparation, use and advantages of the various types of normal human blood plasma were discussed. Its use in the treatment of traumatic shock, hemorrhage, burns and hypoproteinemia was reviewed from the practical experience gained from 2,112 administrations at the U. S. Naval Hospital in Philadelphia. Adequate and early dosage was stressed.

The conversion of the by-products (red blood cells) into useful therapeutic agents was discussed. These red blood cells were successfully utilized as suspensions in the treatment of anemia and as local agents in the treatment of indolent ulcers, chronically infected wounds and burns.

Six hundred and fifty infusions of these red blood cell suspensions were given to patients with anemia. The vast majority showed clinical improvement and the incidence of reactions was 2.1 per cent, a slightly lower figure than that obtained from whole blood transfusions. Some practical facts about their preparation were mentioned. Slides illustrating the advantages, indications and results of the administration of these red blood cell suspensions were shown.

The last topic of discussion was on the application of red blood cells in the form of a sterile paste to various types of open wounds. Sixty-six patients with indolent ulcers, infected burns and deep granulating wounds were beneficially treated with this red blood cell paste. Numerous slides to illustrate the results in these various types of lesions were shown.

The next speaker, DR. BOLAND HUGHES of Philadelphia, was introduced. His subject was "Healing Metastatic Lesions Following Orchiectomy for Carcinoma of the Prostate Gland". He stressed the endocrine control of cancer of the prostate and specifically, the effect of castration. He said cancer of the prostate causes death in five per cent of all men over 50, and when first diagnosed is in the advanced stage in the majority of cases. Of 50 cases studied, bone metastases were found in 37 per cent and were of the osteoblastic type, discernible in the pelvis and the lumbosacral spine. There is always found an elevation of the acidphosphotase and he feels that this finding is pathognomonic in metastatic bone cancer of the prostate. The effect of orchiectomy in prostatic cancer is dramatic and startling and the relief of pain and other symptoms lasts from 18 months to two years. When the effect of castration wears off estrogens are administered and the relief continues for another 18 months.

Dr. Hughes reviewed the results of the last 22 cases operated on in the University Hospital and in 70 per cent of the cases metastasis showed extreme regression. X-ray films of several cases were presented for illustration and he summarized his talk by stating that orchiectomy should be reserved in those cases that already have signs and symptoms of metastatic bone lesions. He is at a loss to explain the reason for the improvement and feels that the urologist is five years ahead of the biochemist, who will some day advance a plausible explanation.

Both papers were then discussed by DRS. JOHNSON, SHIVERS, BROWN and MCGEEHAN.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on April 4, 1944, at the Masonic Club, Jersey City.

DR. SIDNEY KATZ, North Bergen, and DR. BERNARD YANOWITZ, Jersey City, were elected to membership.

SPECIAL SESSION ON THE WAGNER-MURRAY-DINGELL BILL

The President, Dr. Shapiro, in the name of the Society, greeted the guests of the evening, namely members of the Woman's Auxiliary to the County Society, and a representation of nurses, dentists, optometrists and pharmacists, explaining briefly the purpose of this special session.

DR. J. STANLEY KENNEY, Member of the Planning Committee for Medical Policies, New York State Medical Society, was presented as the first speaker, his subject being: "Weighing the Wagner-Murray-Dingell Bill: Its Implications and Challenge".

Dr. Kenney's presentation was critical of many of the provisions of the bill, uncompromising in sustaining the opposition of organized medicine, and forthright in the stand that these proposed changes are not in the best interests of public health and welfare.

ADMIRAL ROSS T. MCINTIRE, Surgeon General of the United States Navy and the President's personal physician, was quoted as saying: "It is my hope that we shall never see medicine subsidized by the government. I hope that the time never comes when the practice of medicine or anything that has to do with it has to come under government control. It would be a disaster to this country; it would be a disaster to medicine."

Dr. Kenney said in part: "The medical profession is in favor of health insurance. Not only does

it favor this principle, but fosters and promotes it. But its fostering and promoting is being done within the framework of the excellent system of medical care that already exists in the country, with such modifications, adaptations and changes as the times and shifting social order require.

"It is estimated that 110 million people in this country will be affected by this legislation (Senator Murray believes perhaps 125 million), and our total population is approximately 135 million—and yet they say private practice may continue for those doctors who wish to so practice."

Dr. Kenney analyzed section by section those provisions of Title IX of the Act pertaining to the manifold and arbitrary powers set up for the administration of the program. He emphasized the revolutionary changes that the enactment of this law would bring about and brought together the conclusions of many analysts of the bill. "It proposes," Dr. Kenney said, "to place in the hands of one man, the Surgeon General of the Public Health Service, power and authority:

"1. To hire doctors and establish rates of pay, possibly for all doctors
2. To establish fee schedules for services
3. To establish qualifications for specialists
4. To determine the number of individuals for whom any physician may provide service
5. To determine arbitrarily what hospitals or clinics may provide services for patients."

"It provides for tax payments from and insurance benefits for:

"a. practically every employed person in the United States
b. every self-employed person."

"Also

"a. every employer shall pay a tax on wages, paid to individuals up to $3,000 per year, of 6%
b. every employee shall pay a tax, deducted from wages on earned income up to $3,000 per year, of 6%
c. every self-employed individual shall pay a tax, on the market value of his services up to $3,000 a year, of 7%
d. federal, state and municipal employees (under certain conditions) shall pay a tax of 3½%."

"It has been estimated by the Treasury Department that broadening the base of Social Security taxpayers and beneficiaries, as above outlined, would raise five billion dollars annually. On this basis, the total annual revenue from Bill S-1161 would be 12 billion dollars.

"It establishes a trust fund to be known as the 'Federal Social Insurance Trust Fund' into which all social security taxes would be paid, 12 billion dollars annually, and establishes within this trust fund a separate account to be known as the Medical Care and Hospitalization Account. A minimum of three billion dollars each year would be transferred from the trust fund to the Medical Care and Hospitalization Account. Furthermore, the Surgeon General will have complete authority over hospitals and hospitalization benefits at estimated fees which would practically sound the death knell of all our voluntary hospitals. In its present form the bill does not provide for dental, nursing, or other needed benefits."

Dr. Kenney summarized the report of the Special Committee of the American Bar Association as follows:

"They note the development in this country and under our system of free enterprise, the many plans for providing adequate medical care without paying the price of socialized medicine. These include:

"1. Group and hospital insurance and Blue Cross plans under principles approved by the medical profession.
2. That the indigent, who are most in need of free medical care, are not covered by S. 1161.
3. That of all like plans now in effect in foreign countries, none is comparable with the plan proposed except the Russian system, which involves the complete socialization and regimentation of medicine. Such a pattern, if followed in this country, will inevitably produce a like result. The physician will become merely an unambitious federal employee or a politically ambitious doctor.
4. Contrary to assertions of advocates of the measure, the plan covers practically the entire population of the United States except the indigent.
5. To safeguard a minimal percentage of the population which has difficulty in obtaining complete medical service, the bill would put all the people in a medical straight-jacket under the supervision of the federal government for an alleged service which the vast majority either do not require or are able to provide for themselves.
6. The measure will inevitably lessen the interest of the physician in his patient as an individual, and dull the incentive to produce the best results. The patient will become the guinea pig supplied by the government as the excuse for the payment of subsidies to a controlled profession for its routine services. This would disturb the social order of which both are members and result in vital loss both to the community and to the doctor.
7. The measure will subject to bureaucratic control and supervision the intimate and confidential relationship between doctor and patient and make confidential information resulting therefrom available to employees of the government.
8. Medical education and training which have attained an unequalled standard of excellence in institutions conducted under our system of free enterprise would under S. 1161 be subsidized, regulated and controlled by government.
9. Within the past twenty years the center of medical progress has moved from Germany, Austria and England, which have adopted some form of state medicine, and which previously served as post-graduate centers for medical education, to the United States, and we now find physicians and hospital adminis-

trators coming for guidance and inspiration to this country where no form of state medicine is in effect."

Dr. Kenney referred to an address made by the president of the Provident Mutual Life Insurance Company of Philadelphia as having "peculiar merit and value", quoting therefrom a threefold program said to be favored by many who are experienced in this field, as follows:

> Vigorous, continuous efforts should be made to achieve improvements in the field of prevention, a field in which all types of agencies, private and governmental, can play a large rôle.
>
> The present system of free medical and hospital care for the lower income groups should be improved and extended to areas not now adequately served.
>
> Maximum efforts should be exerted to encourage voluntary prepaid systems providing hospital and medical care.

Dr. Kenney believes that there is at present no one answer to the problem of adequate distribution of medical care—that voluntary prepayment medical insurance is one, and undoubtedly the best answer. He believes that this type of coverage should be widely popularized, adopted and sold and that it should be all-inclusive, efficient and sound, placing much emphasis on preventive as well as curative medicine. He believes that it will have to include all diagnostic service and bring medical care to the public—in the office, home and hospital.

It is Dr. Kenney's belief, also, that the function of government would be to further its program for better nutrition, better housing, prevention of unemployment and the consequent reduction of worry and anxiety—rather than to interfere and intrude bureaucratic methods into a field such as medicine.

The Doctor recommended for careful reading and study the report compiled by the Opinion Research Corporation of Princeton, N. J., entitled "The American People—What They Think About Doctors, Medical Care and Prepayment Plans". He summarized it briefly in this way: "A predominant majority of the people who participate in prepayment plans approve them; in every instance such people believe that they are better off than their neighbors who have no such opportunities; over 50 per cent of the doctors in areas where such plans are in operation say that they are as well off and that the people are better off; more than 50 per cent of these doctors state that it would be a good thing if all industries in the nation would operate prepayment medical and hospital service plans for their employees. Almost unanimously the doctors are opposed to the proposals of the Wagner-Murray-Dingell Bill."

"The challenge and the need is for movement forward on all fronts by all forces," said Dr. Kenney, "to extend to all the people the benefits that are accruing to approximately twenty-five million through the plans and methods now in operation. This is the task of every individual, every group, every agency, every business and every industry interested in preserving for the United States the private enterprise system."

Toward the close of his address, Dr. Kenney quoted Rev. A. M. Schwitalla, S.J., dean of St. Louis University School of Medicine and former president of the American Hospital Association: "By implication too obvious to require extensive discussion, the bill reduces the dignity of man as man by reducing a man's responsibility for his own health care and the health care of his dependents. * * * Our present system of medical and hospital care has produced in the United States incredibly great and beneficial results. Let us keep what we have, let us better what we have, let us strive to make it as perfect as human dedication to one of the greatest humane causes can possibly make it, but let us not discard the medical and hospital heritage of the centuries."

DR. NORMAN M. SCOTT, Medical Director of Medical Service Administration of New Jersey, presented "Medical Aspects of Social Security".

Dr. Scott referred to the gradual rise in American standards of living and their eventual difficulty of maintenance. This bill, he said, considered an attempt on the part of organized labor to relieve this financial pressure on family resources, fails to set forth practical means of doing so—its indefinite wording, however, concealing the deficiencies which become apparent under scrutiny.

It was reiterated that a group of laymen drafted this bill, men untrained in matters pertaining to medical care in any of its phases. The incompetency of such a group, obviously not familiar with the complicated problems involved, is strikingly exhibited by the bill's disregard of the welfare of the indigent.

The speaker dealt briefly on benefits under the present social security program—namely, old age and survivors' insurance, unemployment compensation, government employment service and grants-in-aid to states to provide for the blind and for dependent children and also for the support of maternal-child welfare, mental hygiene and venereal clinics, all of which are obtainable in New Jersey. In addition to benefits paid for by federal social security funds, he spoke of workmen's compensation (provided by individual employers) and programs supported by communities and the State that provide general benefits, medical care and hospitalization to those in need.

Dr. Scott declared that the medical profession bases its objections to the bill on sound, democratic principles—inasmuch as it would interfere with the personal liberty not only of physicians, but of every person, placing patients and homes under direct federal control during times of illness while providing impersonal, limited medical care during such periods.

Believing that catastrophic illnesses, rather than the minor disorders that occur frequently in the average family, constitute the insupportable financial burden, Dr. Scott said that the State Society has evolved the Medical-Surgical Plan which, while still in the latter stages of experiment, gives every evidence of providing sympathetic and adequate medical care at a much lower cost than would

eventuate under the proposed bill. Enrollment in this plan would be purely voluntary in contrast to the compulsory mandate under the proposed legislation.

Dr. Scott displayed charts showing the progress of the Plan from its inception to the present time.

In closing, Dr. Scott urged that the entire problem of social security and the part to be played by the medical profession be studied carefully by physicians individually. The profession, he said, must convince local communities of their obligations and at the same time promote national leadership by the adoption of definite national policies. He added that the medical profession of New Jersey is following policies approved by the American Medical Association and the State Society in seeking a solution of this "greatest problem ever to face the profession".

In opening a brief period of discussion, Dr. E. G. Waters read part of a letter received from a physician in service—eloquent, we believe, in its simplicity.

> "Today I have been going just as hard as I can and still haven't caught up. Sometimes I get so disgusted with all the red tape and possibly necessary papers and forms that must be kept in the Army that I could scream. And another thing that burns me up is that they are now issuing memoranda that certain things should be treated so and so and no other way. I guess it is necessary, but it makes you, or at least me, feel that my training counts for nothing and I could carry out their orders just as well without it.
>
> I hate to be told how I should treat each case, but I guess I will do as they say, as that is easier than fighting all the time.
>
> It certainly makes you realize how horrible socialized medicine would be, and I believe I would give up medicine if that Bill passes. I could not stand being ordered how to treat my cases for the rest of my life."

In closing the meeting, Dr. Shapiro, President, thanked the speakers for coming to Jersey City and delivering such informative addresses. He announced that this was the first of a series of meetings to which members of the allied professions would be invited.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held on March 21, 1944, at the Administration Building in the Freeholders' Room, Paterson. The meeting was called to order by the President, Dr. Charles Murn. He introduced the speaker of the evening, Ole J. Jensen, M.D., who spoke on "Renal Obstructions Resulting from Sulfadiazine Therapy".

The paper was of considerable interest, the speaker having done extensive research with the sulfonamides since their discovery. He revealed that the most efficacious treatment of anuria caused by crystals of the sulfonamides was ureteral catherization and washing freely with sodium bicarbonate. Large doses of sodium bicarbonate are given intravenously also. The treatment was quite effective. He also revealed in lantern slides the relationship of pH to the quantity of sulfonamides. This solubility curve was quite revealing.

A resolution on the death of Dr. Hugh V. Gillson was read.

The following were elected to membership:

Active: Eberhart H. Kleinman, Paterson
Mario Capio, Paterson
Joseph Sarokhan, Paterson
Associate: Louis Scovern, Paterson

The April meeting was held at the Board of Freeholders' Room in the Administration Building in Paterson on April 11, 1944. Dr. Murn presided at the meeting and introduced the speaker of the evening, Dr. John Scudder, who spoke on "Clinical Use and Abuse of Blood Plasma in the Treatment of Shock".

The speaker has spent considerable time doing research on blood and is a noted authority in the field. His talk elicited considerable discussion on various related subjects. Dr. Polowe's experimental work on blood was praised by the speaker. The importance of using blood plasma and transfusions more frequently and the scientific determination of hidden hemorrhage were emphasized. The abuse of large quantities of fluid poured into the blood were criticized.

A committee, consisting of Dr. Irving Okin, Dr. Sidney Levine and Dr. William Dwyer, was chosen to nominate the candidates for the following year.

Dr. Wilbur Gershenson of East Paterson was elected to associate membership.

SUMMIT MEDICAL SOCIETY

Carroll S. Thompson, M.D., Secretary

The sixth meeting of the *Summit Medical Society* was held in the Lecture Room of Ciba Pharmaceutical Products, Inc., on April 25, 1944, at 9 p.m., with Dr. M. S. Edgar, Vice-President, presiding.

Dr. J. Ward MacNeal, Professor of Bacteriology at the Post-Graduate Medical School of New York City, was the speaker of the evening. His subject was "Biological Products in Therapeutics". Dr. MacNeal discussed very thoroughly, and illustrated by the use of graphs and diagrams, as well as with slides, the application and uses of Penicillin. The paper invited much discussion.

Dr. Burritt appointed Drs. Krauss, Ackerman and Dengler as a committee to undertake to streamline the rules and regulations governing communicable and contagious diseases, and the scope of the movement to involve the County of Union and neighboring municipalities. There were sixteen members and five guests present.

WOMAN'S AUXILIARY

ACCEPTANCE OF THE GAVEL

Mrs. David B. Allman

In accepting this token of authority, I want to assure you that I am not unmindful of the responsibilities attached thereto.

I want you to know that I greatly appreciate the confidence that you have placed in me and I will endeavor to conduct the office of President of the Woman's Auxiliary in a fair, impartial and efficient manner. I thank you, and at the same time wish to congratulate Mrs. Yaguda for the very successful year under most trying circumstances.

During its existence, the Woman's Auxiliary to The Medical Society of New Jersey has bestowed the honor of its President to but seventeen other persons. Each, I am sure, in her time felt the same thrill that I feel today in assuming this office.

Those of us who have watched our Auxiliary grow in size and usefulness, well realize its importance, and that as a united body we can do much to further the aims and high ideals of organized medicine.

This year there seems to be a real challenge to guard against certain elements which will attempt to take advantage of the absence of many of our members and their husbands in the Armed Forces. These friends and colleagues of ours have sacrificed much that the men in our Armed Forces might have what has proven to be the best medical and surgical attention in the world. We must be active and informed to protect their rights and privileges at least until they return.

No matter how anxious the President of any organization might be to have a successful administration, the same can only be obtained by the whole-hearted, united support of every member of that organization. Neither I, nor the other officers you have elected to work with me, can accomplish the ideal we desire without the fullest coöperation of every member of every County Auxiliary. During the coming year we must stand together and work together as never before. It is only in that manner that we, too, can serve. It will only be by so serving that we will be able to face our returning heroes unashamed.

I shall devote my full time, effort and energy toward making this the most successful year that the Auxiliary has ever had. To accomplish my purpose I must have the full support of every Auxiliary member. For this I sincerely ask at this time—and for this tremendous honor I humbly thank you.

AUXILIARY REPORTS

Camden County

Mrs. A. M. K. Maldeis, Chairman of Publicity

The final meeting of the current year of the *Woman's Auxiliary to the Camden County Medical Society* was held on Tuesday, May 2, 1944, at the Tavistock Country Club. There was a short business session at which time Mrs. Thomas P. McConaghy, newly elected President, announced the names of her committee chairmen. Mrs. Reuben L. Sharp, who is President-Elect, will serve as Program Chairman next year; Mrs. A. Haines Lippincott, Public Relations Chairman; Mrs. Edmund Hessert, Membership; Mrs. Oram Kline, Finance; Mrs. Joseph Roberts, Legislation; Mrs. Robert Gamon, Hospitality; Mrs. Banks Baker, Printing; Mrs. Thomas McGlade, Public Health and Defense; Mrs. Thomas Lewis, Widows and Orphans; Mrs. Lawrence Glover, Publicity; Mrs. Arthur Casselman, Parliamentarian; Mrs. William Braun, Librarian; Mrs. Orris Saunders, Courtesy; Mrs. E. Reed Hirst, Arts and Hobbies, and Mrs. John P. Rudolph, Bulletin and Hygeia.

In addition to Mrs. McConaghy, officers installed were: Mrs. A. Lincoln Sherk, Second Vice-President; Mrs. A. Gomersall Pratt, Third Vice-President; Mrs. A. M. K. Maldeis, Recording Secretary; Mrs. Gerald Husted, Corresponding Secretary; Mrs. Henry Decker, Treasurer, and Mrs. George B. German, Mrs. H. Wesley Jack, Mrs. Henry R. Tatem, Jr., Mrs. Max L. Weimann, Mrs. Lester R. Wilson and Mrs. Gordon F. West, Directors.

Following the business session a delightful pro-

gram of entertainment was presented. The guest artist was Mrs. S. Herbert Taylor of Merchantville, student of drama and drama chairman of the First District, New Jersey State Federation of Women's Clubs. She gave a resume of the current Broadway hit "Oklahoma", and sang the most popular songs from the show.

Middlesex County

Mrs. C. F. Merrill, Publicity Chairman

The Annual Meeting of the *Woman's Auxiliary to the Middlesex County Medical Society* was held May 9, 1944, at Hotel Pines.

Mrs. Robert B. Walker, President, conducted the business meeting.

The reports of the various chairmen were read, after which the Chairman of the Nominating Committee, Mrs. Ralph Faulkingham, reported as follows:

Mrs. Charles F. Merrill, President
Mrs. Norman Forney, President-Elect
Mrs. Samuel Berkow, First Vice-President
Mrs. M. S. Brody, Second Vice President
Mrs. William Stein, Recording Secretary
Mrs. William Condon, Corresponding Secretary
Mrs. B. M. Howley, Treasurer

The report was accepted and the nominees were duly elected.

Mrs. Walker presented the Auxiliary with a scrap book for the purpose of having a permanent record of publicity clippings.

Following this there were two drawings. One for a "Dark Horse" was won by Mrs. Ralph Faulkingham. The second door prize was won by Mrs. F. M. Hoffman.

BOOKS RECEIVED FOR REVIEW

Manual of Physical Therapy. By Richard Kovács, M.D. 3d ed. Pp. 309 with 118 engravings. Philadelphia, Lea & Febiger. 1944. $3.25.

National Health Service. Ministry of Health. Department of Health for Scotland. Presented by the Minister of Health and the Secretary of State for Scotland to Parliament by Command of His Majesty, February 1944. American edition reproduced photographically from the English edition and published by arrangement with His Majesty's Stationary Office. New York, The Macmillan Company. 1944. $.75.

Functional Disorders of the Foot; Their Diagnosis and Treatment. By Frank D. Dickson, M.D., F.A.C.S., and Rex. L. Diveley, A.B., M.D., F.A.C.S. 2d ed. Pp. 352 with 202 illustrations. Philadelphia, J. B. Lippincott Company. 1944. $5.00.

Medical Diagnosis; Applied Physical Diagnosis. Ed. by Roscoe L. Pullen, A.B., M.D., with a foreword by John H. Musser, B.S., M.D., F.A.C.P. Pp. 1106 with 584 illustrations and 12 colored plates. Philadelphia, W. B. Saunders Company. 1944. $10.00.

American Illustrated Medical Dictionary; a Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with the pronunciation, derivation and definitions. By W. A. Newman Dorland, A.M., M.D., F.A.C.S. 20th ed. revised and enlarged. Pp. 1668 with 885 illustrations including 240 portraits, with the collaboration of E. C. L. Miller, M.D. Philadelphia, W. B. Saunders Company. 1944. $7.50.

Fundamentals of Psychiatry. By Edward A. Strecker, M.D., Sc.D., F.A.C.P. 2d ed. Pp. 219 with 15 illustrations. Philadelphia, J. B. Lippincott Company. 1944. $3.00.

Virus Diseases in Man, Animal and Plant. A Survey and Reports covering the major research work done during the last decade. By Gustav Seiffert. Pp. 332. New York, Philosophical Library. 1944. $5.00.

Practical Malaria Control; A Handbook for Field Workers. By Carl E. M. Gunther, M.D., B.S., D.T.M. (Sydney). Foreword by Prof. Harvey Sutton, O.B.E., M.D., F.R.A.C.P., B.Sc., D.P.H., F.R.San.I. Pp. 91. New York, Philosophical Library. 1944. $2.50.

The Psychology of Women; A Psychoanalytic Interpretation. By Helene Deutsch, M.D. Foreword by Stanley Cobb, M.D. Pp. 399. v. 1. New York, Grune & Stratton. 1944. $4.50.

Management of Neurosyphilis. By Bernhard Dattner, M.D., Jur.D., with the collaboration of Evan W. Thomas, M.D., and Gertrude Wexler, M.D. Foreword by Joseph Earle Moore, M.D. Pp. 398. New York, Grune & Stratton. 1944. $5.50.

International Journal of Sex-Economy and Orgone-Research. Official Organ of the International Institute for Sex-Economy and Orgone-Research, Director: William Reich, M.D. Editor: Theodore P. Wolfe, M.D. Vol. 3, No. 1. New York, Orgone Institute Press. Subscription, $3.00 per year. March, 1944.

BOOK REVIEWS

Clinical Laboratory Methods and Diagnosis: A Textbook on Laboratory Procedures with Their Interpretation. By R. H. B. Gradwohl, M.D., D.Sc. 3d ed. Pp. 2230 with 726 illustrations and 57 color plates. St. Louis, C. V. Mosby Company. 1943. 2 vols. $20.00.

No scientific and forward-looking laboratory could possibly have a complete library without the presence of this exhaustive compilation. It is, undoubtedly, the most complete and thorough encyclopedia of laboratory techniques ever compiled. It has the failing, nevertheless, of most encyclopedias in that it is not highly selective in its inclusions, but leaves entirely to the judgment of the user, the selection of the most applicable technique to be employed for the particular problem.

Several sections are worthy of particular note, namely those on parasitology and hematology. The former chapter includes excellent illustrations on the life cycle of various animal parasites and should be of great value, especially at this time. The chapter on hematology is especially to be commended for its excellent correlation between bone-marrow pictures and their resultant peripheral blood studies, in addition to the excellent colored illustrations of various hematological studies.

Leslie M. Goldman, M.D.

Medical Care of the Discharged Hospital Patient. By Frode Jensen, M.D.; H. G. Weiskotten, M.D., and Margaret A. Thomas, M.A. (Oxon.) Pp. 94. New York, The Commonwealth Fund. 1944. $1.00.

Preliminary work at Syracuse University College of Medicine revealed that approximately 90 per cent of the cost of hospitalization of patients on the general medical wards was expended for chronic illnesses, yet only about one-third of the patients received what was considered satisfactory medical supervision after discharge. A more complete study was made because the faculty believed that duration of the patient's stay in the hospital would have been shortened and many of them need not have returned for further care if more intelligent supervision had been provided after discharge. An extramural resident who knew the patient during his hospital stay and who acted as his family physician at home undoubtedly proved effective. The study tends to prove that the hospital is the pivot around which all services of the community should revolve. By making provision for home care of the needy chronic cases this plan reduced the costs of rehospitalization due to lack of care and education at home and saved hospital costs by releasing facilities. Of special interest to administrators, physicians, health officers, welfare leaders and others concerned with community health.

Carolyn Valentine, B.S.

Handbook of Nutrition: A symposium prepared under the auspices of the Council on Foods and Nutrition of the American Medical Association. Reprinted from the Journal of the American Medical Association with additions. Cloth. Price $2.50. Pp. 586, with tables. Chicago, American Medical Association. 1943.

Twenty-five recognized authorities in nutrition have collaborated in presenting the results of their experiences into one volume. Every phase of nutrition is explained in a concise, practical, and scientific manner.

The chapters include such topics as: Proteins in nutrition, rôle of fat in the diet, calories in medical practice, water and salt requirements in health and disease, principal mineral elements in nutrition, iron in nutrition, iodine in nutrition, the trace elements in nutrition, the fat soluble vitamins, the water soluble vitamins, foods of plant origin, foods of animal origin, unusual foods of high nutritive value, the preservation of the nutritive value of foods in processing, improving the quality of cheap staple foods, recommended dietary allowances, the feeding of healthy infants and children, feeding the aged, nutritive requirements in pregnancy and lactation, adequacy of American diets, medical evaluation of nutritional status, nutrition in preventive medicine, conditioned malnutrition, and principles of diet in the treatment of disease.

This book is of value to the student of internal medicine and essential to the armamentarium of every general practitioner.

S. William Kalb, M.D.

Manual of the Diseases of the Eye for Students and General Practitioners. By Charles H. May, M.D. 18th ed. rev. with the assistance of Charles A. Perera, M.D. Pp. 520 with 387 illustrations including 32 plates, with 93 colored figures. Baltimore, Wm. Wood & Company. 1943. $4.00.

Since Dr. May died in December, this latest revision of his book is the last to be written under his direction. Complete, compact, accurate and up-to-date, it maintains the high standard which has made it one of the world's outstanding medical texts. The chapters on diseases of the lacrimal apparatus and on errors of refraction have been rewritten. The illustrations are numerous, instructive and of excellent quality. There are included the American Medical Association's recommended procedure for computing compensation for eye injuries and the ocular requirements for admission to the U. S. Armed Services. One finds such relatively new subjects as abnormal retinal correspondence in squint and aniseikonia and such detailed ones as corneal dystrophies and atropine poisoning.

It is to be hoped that Dr. Perera, Dr. May's nephew and associate, will find it possible to continue the periodic revisions of this fine book.

A. Russell Sherman, M.D.

The 1943 Year Book of Industrial and Orthopedic Surgery. Ed. by Charles F. Painter, M.D. Pp. 440, illustrated. Chicago, Year Book Publishers. 1943. $3.00.

Most of the articles on industrial and orthopedic surgery published during 1943 are reviewed in this volume. In the part devoted to orthopedic surgery the chapter on general considerations deals with wounds in modern war, first aid prophylactic treatment of the compression syndrome, effect of irradiation on epiphyseal growth, pathology of bone diseases and post-traumatic dystrophy of the extremities. Other chapters in this part are devoted to fractures and traumatic dislocations, arthritis, tuberculosis, osteomyelitis, miscellaneous inflammatory conditions, poliomyelitis and other paralytic conditions, tumors, congenital defects, lesions of the spine, legs and feet, and operative technic.

The second part is devoted to industrial medicine and surgery, discussions of problems of organization and the war, absenteeism, fatigue, respiratory diseases, cardiac conditions and specific hazards.

The book contains 306 figures to reinforce the text. The twenty questions and answers on practical orthopedic subjects add to the value of the book. The book is of great value for anyone doing orthopedics and industrial surgery. The editor and his staff are to be congratulated on a hard job well done.

Toufick Nicola, M.D.

The Principles and Practice of Medicine, originally written by Sir William Osler, Bart., M.D., F.R.C.P., F.R.S., designed for the use of Practitioners and Students of Medicine. By Henry A. Christian, A.M., M.D., LL.D. (Hon.), Sc.D., Hon. F.R.C.P. (Can.), F.A.C.P. 15th ed. Pp. 1498. New York, D. Appleton-Century Company. 1944. $9.50.

The fifteenth revision of Osler's Principles and Practice of Medicine by Prof. Henry A. Christian is the most valuable instrument a physician or medical student can own. The last revision of this authoritative text book was made in 1942. The present revision contains many articles on subjects not covered in previous editions. The present tempo of medical progress, particularly in therapy, is such that in order to give students and practitioners of medicine needed knowledge, changes and additions in the descriptions of numerous diseases must be made at short intervals. Dr. Christian is preëminently competent to discuss advances in medicine.

War activities have accentuated the need for the present revision. In army and navy activities with great numbers of men coming in close contact with each other, contagious diseases increase their incidence, and the possibiltiy of extensive epidemics grows; this increases the importance of prophylaxis and treatment of diseases of this nature as well as making of the utmost importance the quick recognition of them. The knowledge of how to use newly developed drugs correspondingly enhances its importance, for with our fighting men scattered from the tropics to the arctic, they come in contact with every imaginable climate and every sort of indigenous disease. Tropical diseases have become increasingly important to us because Americans in great numbers are living in the tropics and because sooner or later they will return home with tropical diseases, or as carriers of them. They are fully discussed as are also nutritional states, vitamines and venereal diseases.

All these things make it important to place this book in the hands of medical students, many of whom will soon be in the armed services, and in the hands of physicians in the army and navy the most recent and proven methods of diagnosis, prophylaxis and treatment. Collateral reading is encouraged by selected bibliographies listed at the end of each subject. Many of the less discussed conditions, enterogeneous cyanosis, histamine headache, causalgia and others are of particular interest.

Dr. Christian's revision of Osler's monumental work retains all the excellent features of previous revisions. Much has been rewritten and amplified and new matter added. For this reason the book is valuable to the practitioner as well as the student.

Harold S. Davidson, M.D.

Female Endocrinology, including Sections on the Male. By Jacob Hoffman, A.B., M.D. Pp. 788, fully illustrated, including some in colors. Philadelphia, W. B. Saunders Company. 1944. $10.00.

The normal and abnormal manifestations of endocrine functions in the female are comprehensively reviewed in this book; one chapter is devoted to the male, chiefly to the physiology of the testes and the clinical applications of androgens.

The author has presented the research work and the views of the majority of investigators in their respective fields. While it is extremely important to have an impartial summary of the experiments and conclusions of these research workers and clinicians, a critical evaluation of the various problems discussed would be welcome.

Certain chapters fail to mention recent important investigations such as insulin resistant hyperglycemia, and the action of thiouracil and thiourea on the thyroid gland and metabolism. More discussion could have been devoted to Seyle's alarm reaction and to the rôle of the hypothalamus as a mediator in a vast number of endocrine reactions. The chapters on precocious puberty, the endocrinopathies and obesity are excellent.

The excellent bibliography which accompanies each chapter makes the book extremely valuable as a reference. The book constitutes a valuable reference work and a very thorough analysis of the physiology and pathology of the endocrine system.

Rita Finkler, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **June, 1944** **No. 6**

IN cases of tuberculosis where the scales often are weighted to a precariously small degree in favor of the body, the addition of a systemic or local adverse factor may upset the balance disastrously in the direction of the disease. Such commonplace circumstances as an acute respiratory infection or an attack of measles or influenza have been observed repeatedly to be capable of ushering in an unexpected reactivation. Here are presented case records suggesting that the risk of a known tuberculous person's reaction to so simple a procedure as smallpox immunization should not be overlooked. Some of these cases may represent the operation of pure coincidence, but each of them provides the physician with reasons for observing all possible caution.

SMALLPOX VACCINATION AND PULMONARY TUBERCULOSIS

A search of the literature gives little information regarding the possibility of vaccination for smallpox being the causative factor in a subsequent flare-up of latent or active pulmonary tuberculosis. Blacher (1931) has recorded two cases, both in children. In the first of these, a boy aged 11, suffering from dystrophia adiposo-genitalis, developed a tuberculous meningitis following re-vaccination, and from this Blacher concluded that the vaccination had re-activated a pre-existing tuberculous focus. His second case was that of a girl aged 11, whose skiagram showed a small hard focus in the right upper zone. She was subsequently vaccinated, and ten days later there was fever and X-ray evidence of re-activation of the pulmonary lesion.

Ainger (1937) recorded two further cases where tuberculous meningitis followed immediately on vaccination, and from this he drew the conclusion that either vaccination lowered the powers of resistance, thus paving the way for a fresh infection, or that an inactive lesion already present flared up as a result of the procedure and spread unopposed throughout the lung.

Stone (1931) reported the results following the vaccination of 337 patients at the Robert Koch Hospital, St. Louis. All stages and types of pulmonary tuberculosis were included in Stone's cases, and only one patient showed any definite pulmonary exacerbation, while two others had a temporary increase in the amount of cough and sputum. His view, therefore, was that the presence of pulmonary tuberculosis was not a contra-indication to vaccination.

In the summer of 1942 there was an outbreak of smallpox in Glasgow, and later in the same year in Edinburgh and Fife. Considerable numbers of the public were vaccinated, and one of us (R. Y. K.) received numerous requests from former patients of the sanatorium for advice as to whether, in view of their previous pulmonary infection, they should undergo vaccination. Those living or working in Glasgow were advised without hesitation to be vaccinated, as it was felt that the results of smallpox would be much more disastrous than any post-vaccinal flare-up in the chest. As far as is known, none of those so advised suffered any ill-effects. Later in the year four cases were admitted to the sanatorium, all of whom gave a history of vaccination followed almost immediately by the appearance of symptoms of pulmonary tuberculosis.

Case Records

Case 1.—Male, aged 28. This man, an engineer by profession, had an excellent medical history and for years had not been off work for a single day. In June, 1942, he applied for a post abroad, and before acceptance he underwent and passed a medical examination. A condition of his appointment was that he must be vaccinated in this country before departure, and this vaccination

was duly carried out by his own doctor in July. Four days following the vaccination he had a severe reaction; he felt feverish and his arm was swollen and tender. After a further three days he developed a sharp pain in the left chest, which proved to be the beginning of an acute pleurisy with effusion. The subsequent skiagram revealed bilateral infiltration with cavitation in the left upper zone. This patient stated most emphatically that prior to vaccination he had felt perfectly well and had been able to do his work, which entailed considerable physical effort, without the slightest inconvenience.

Case 2.—Male, aged 22. This boy gave a history of pulmonary tuberculosis dating from the age of 16, for which he had received sanatorium treatment on several previous occasions, the last being in 1939. Following this he had remained fairly well and had been living quietly at his home for two years, where his main occupation had been fishing. In July, 1942, he was vaccinated and had a severe local reaction with, at the same time, pain in the chest and dyspnea. Radiological examination a few days later showed the presence of a small pleural effusion on the right side together with a fresh area of exudative disease in the mid and lower zones.

Case 3.—Male, aged 20. This boy had been treated in the sanatorium in 1941 for a left pleural effusion, from which he made a completely satisfactory recovery. He was discharged after a six months' stay and spent the spring and summer of 1942 as junior master in a preparatory school. In the autumn he was in business in Edinburgh, still well and free from symptoms. In November, 1942, he was vaccinated. He had very little local reaction but felt generally "ill," his main symptom being lassitude. He did not feel well enough to return to business, and three weeks later, in addition to the lassitude, he developed a slight temperature associated with the appearance of cough and sputum. Tubercle bacilli were present in the latter, and subsequent X-ray examination showed the presence of a recent area of exudative disease in the right upper zone.

Case 4.—Female, aged 19. This girl was working in an emergency hospital as a V.A.D. and was vaccinated along with her colleagues in July, 1942. She had a severe local reaction and was in bed for four days. Subsequently she felt tired, and three weeks later had the misfortune to fall victim to a mild epidemic of glandular fever which attacked some of the hospital staff. She recovered rapidly from the fever but the lassitude previously present persisted, and shortly after she had a sudden hemoptysis. Radiological examination showed scattered infiltration throughout the left upper and mid zones, with commencing cavitation immediately below the clavicle.

Discussion and Summary

In view of the relatively few references to the association between vaccination and pulmonary tuberculosis which we have been able to find it is felt that these cases should be recorded. It is impossible to draw any definite conclusions from isolated instances such as these, but it would appear that there is sufficient evidence here to justify the assumption that vaccination may cause a flare-up in a latent focus.

Our results are at variance with those reported by Stone, but it should be remembered that his cases were under sanatorium conditions at the time of vaccination, while those we have recorded were engaged in their normal occupations, and therefore no more precautions were taken in their cases than would be taken with the average healthy individual.

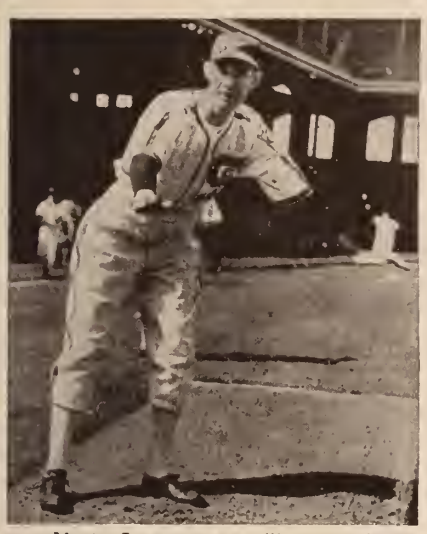
The necessity for widespread vaccination of the population will not, we hope, arise again, but should it so happen it would be well to exercise special caution before submitting to vaccination known cases of pulmonary tuberculosis.

Smallpox Vaccination and Pulmonary Tuberculosis, R. Y. Keers, M.D., and P. Steen, M.D., British Journal of Tuberculosis and Diseases of the Chest, July-October, 1943.

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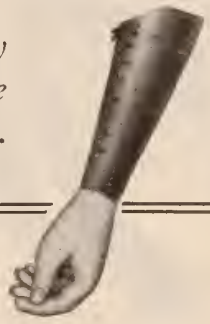
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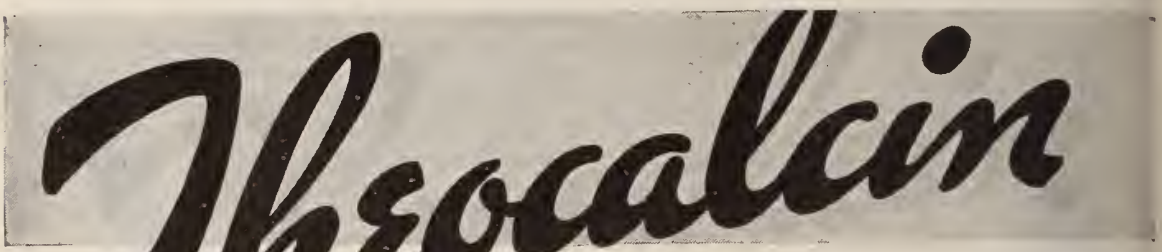
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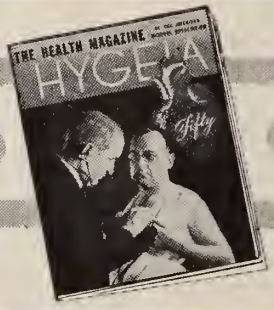
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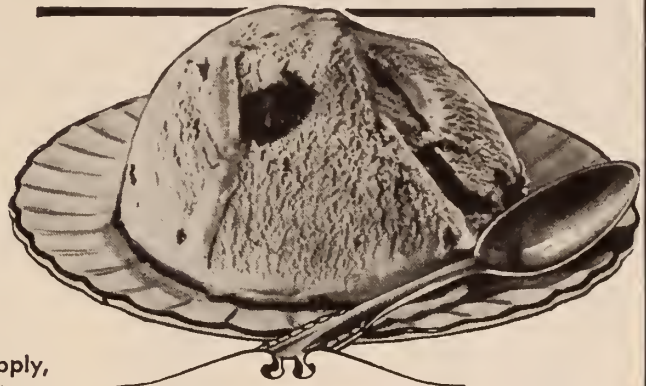
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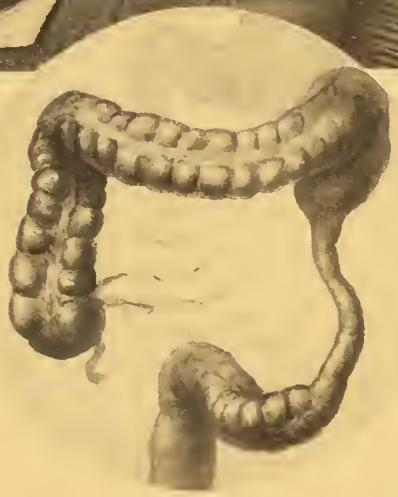
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12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 7 — JULY, 1944 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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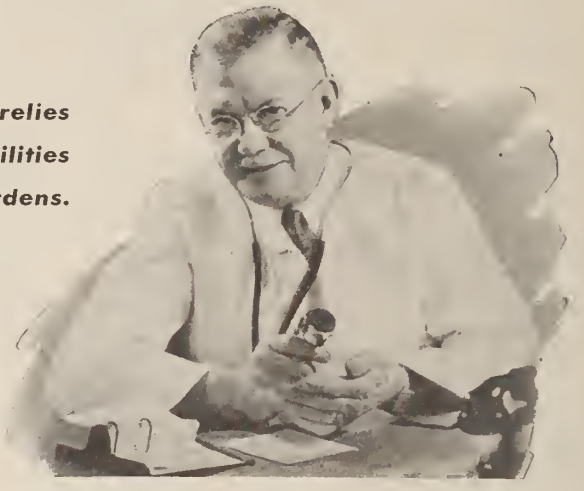
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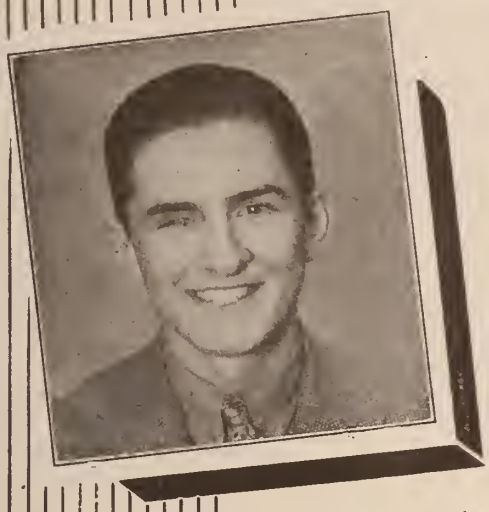
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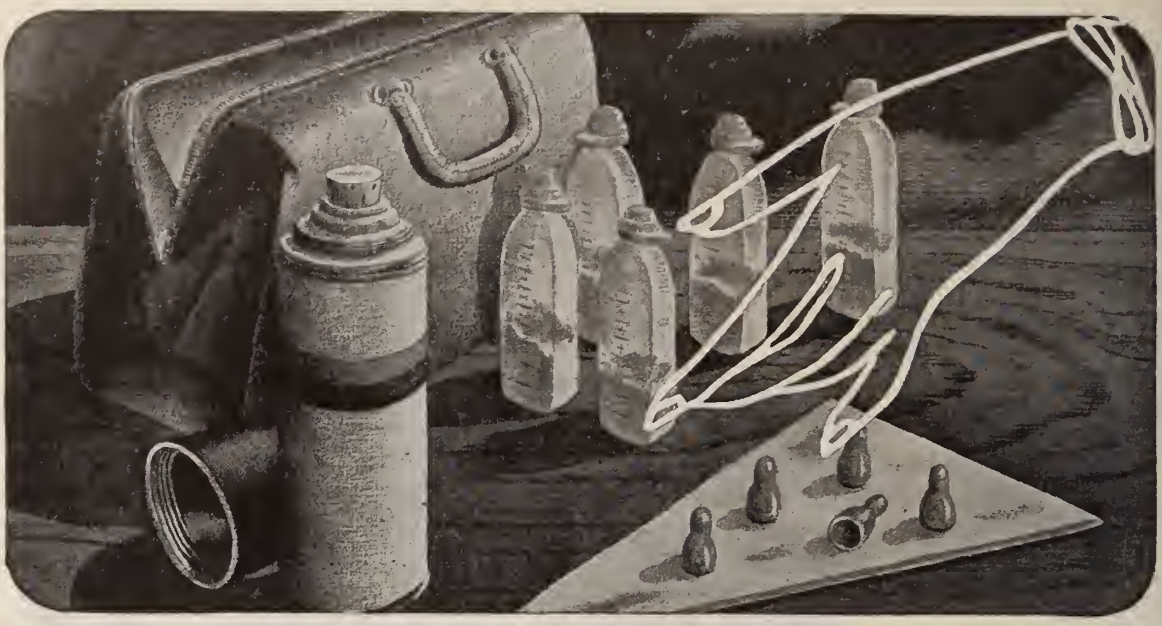
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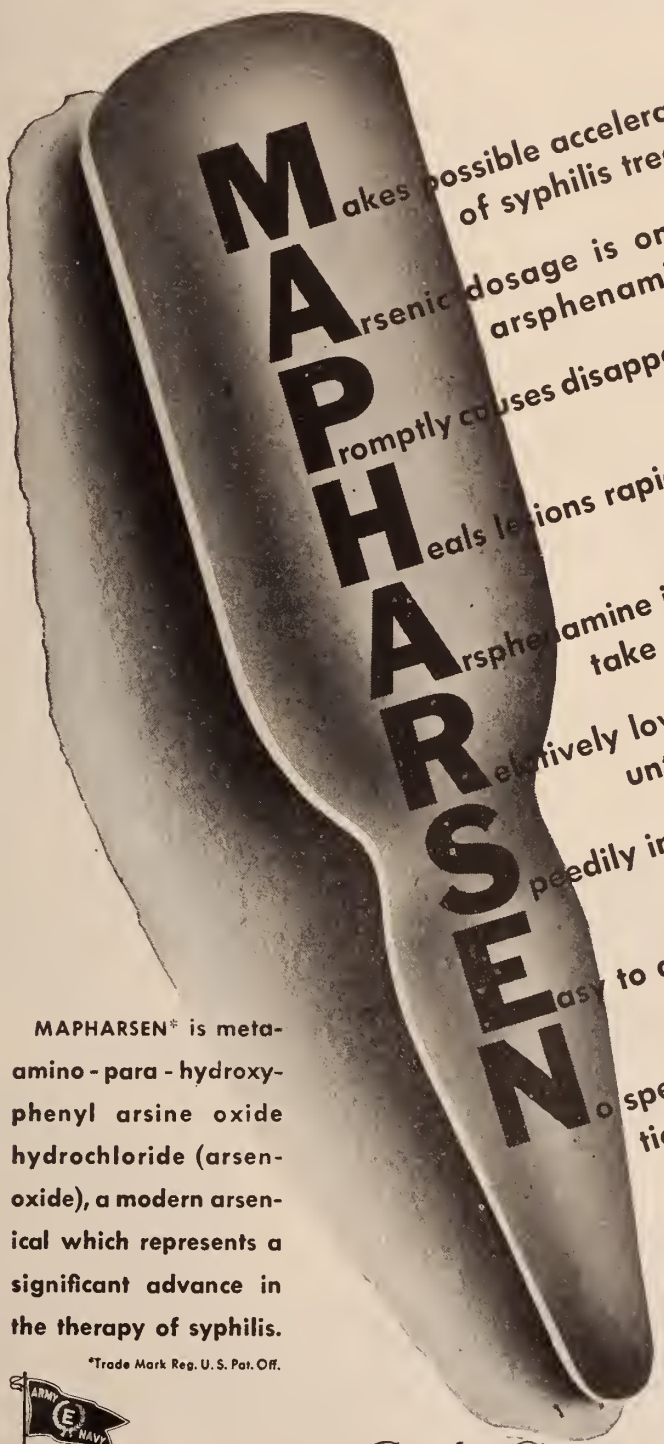
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* Commenting editorially on the work of Mills and Cottingham (J. Immunol. 47:503 [Dec.] 1943), THE JOURNAL states: "They found that after five and one-half weeks maintenance at 68 F. rats showed a maximum phagocytic activity on diets containing 18 per cent of protein. There was a definite decrease in phagocytic activity with an increase or decrease from this level. In rats maintained at 90+F. the phagocytic optimum diet was 36 per cent of protein. Thus adequate protein intake would seem to be fully as important as adequate vitamin intake to maintain optimal phagocytic activity (resistance to microbic infections). The immunologic optimum protein intake is higher in the tropics than in temperate climates. . . . This demonstration of important variations in phagocytic functions is a pioneer contribution to basic immunologic theory and may have wide clinical implications." (J.A.M.A. 124:1203 [April 22] 1944.)

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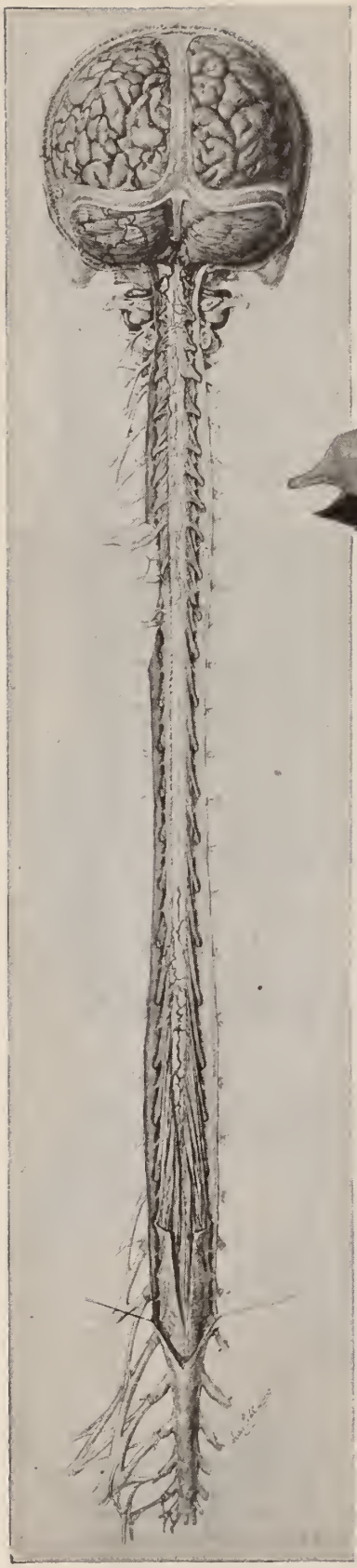
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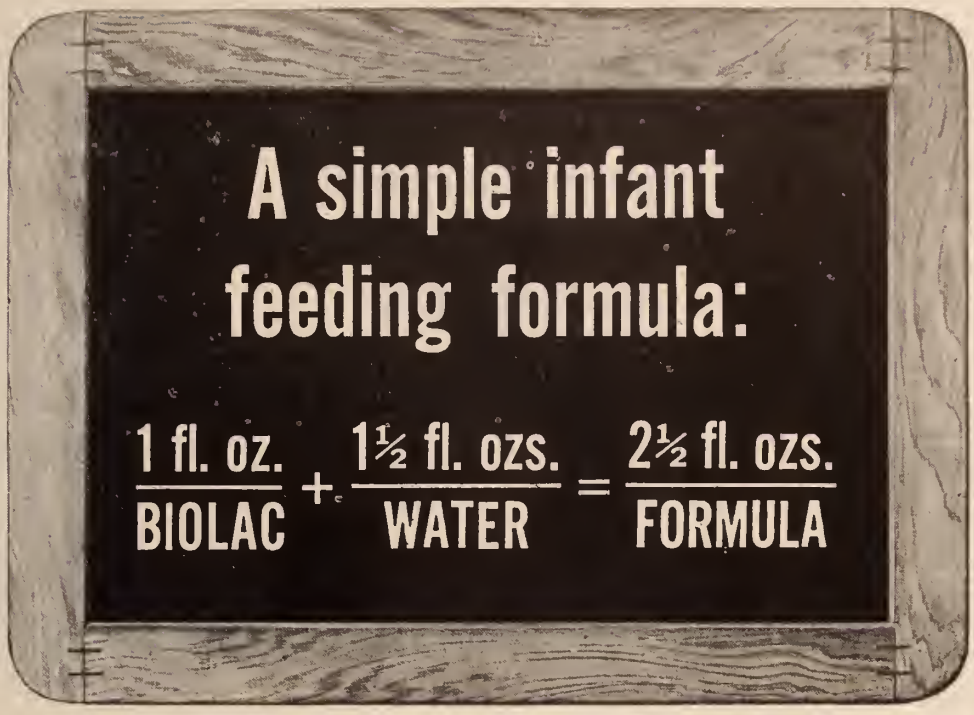


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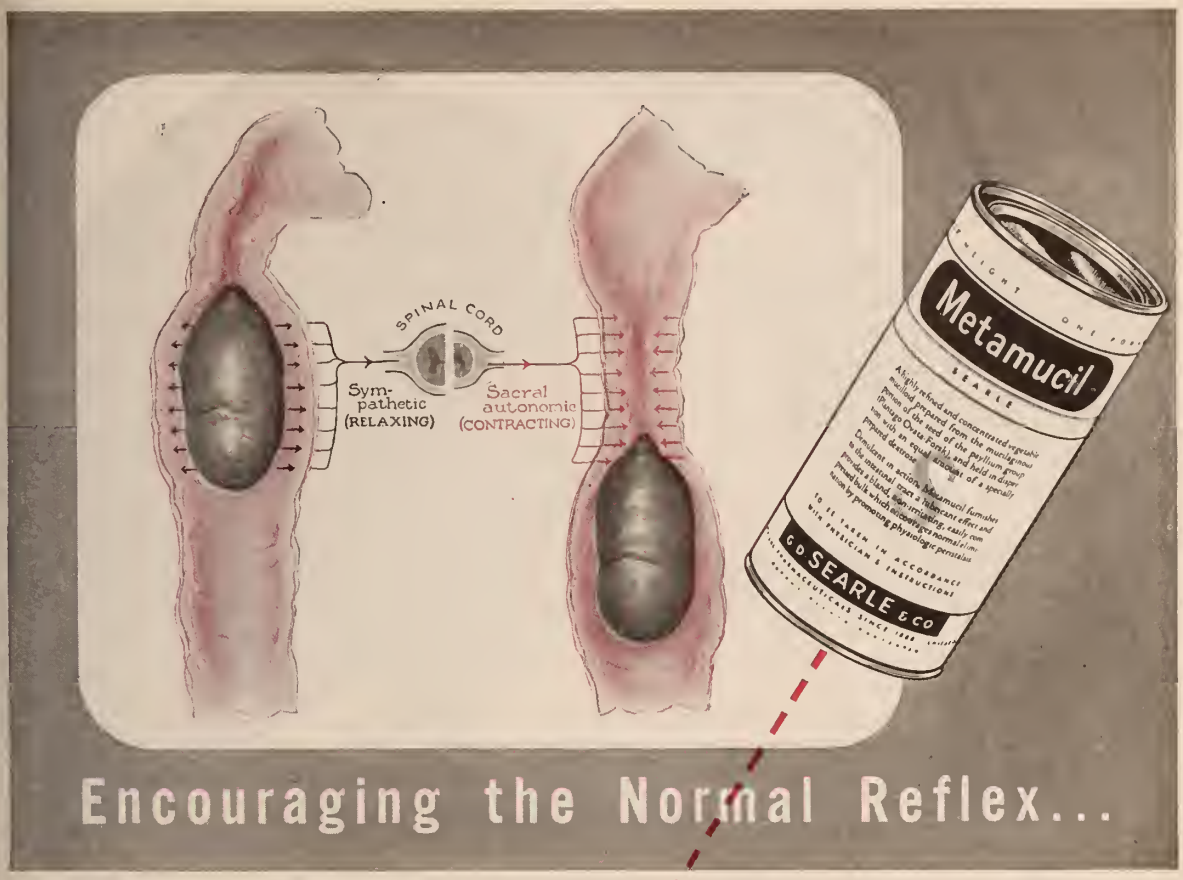
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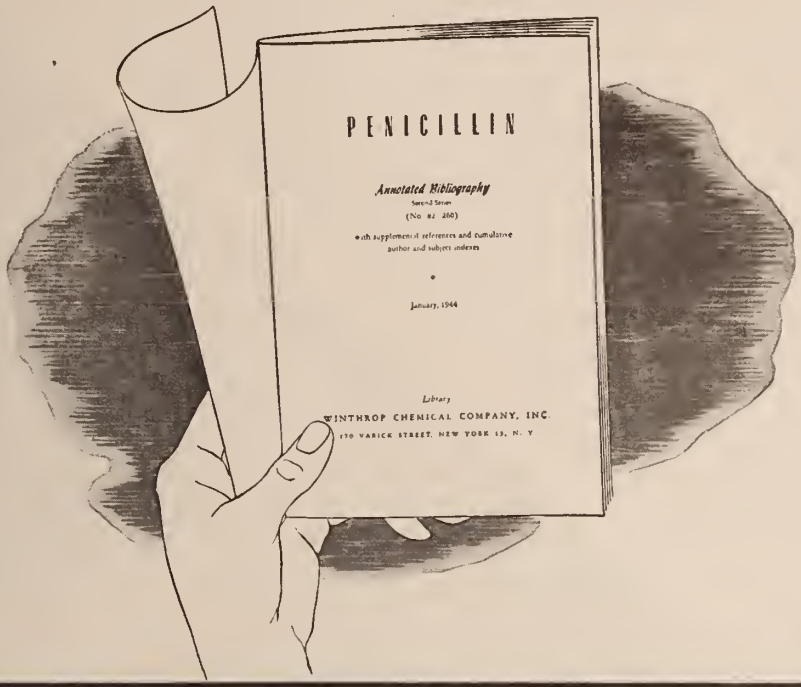
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THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 479

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.

Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 7 July, 1944 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

EDITORIALS

TO MEMBERS IN SERVICE

Pervading the American people is a sense of admiration for you, a sense of pride and confidence in you, and a sense of gratitude and thanks to you.

You have enhanced the respect of our people for the profession as a whole. You have made American medicine greater. You are making an inestimable tribute to the future welfare of medicine.

We, who remain at home, are sincerely interested in your present and future welfare. We appreciate the full significance of the challenge which will confront the profession during the post-war period. We recognize the challenge and have set our plans to meet it. We will fight to retain for you the type of American medical practice you helped to evolve.

The Journal each month wishes to express a tribute of respect to physicians who are now members of our armed services. Some of our activities to protect medicine as a free enterprise and the life of a physician as a free individual are set forth in the content of each *Journal*. If you know of any member who is not receiving his *Journal*, kindly inform the Office.

In the meantime, we wish you Godspeed, assured that in spite of your sacrifices you will in the future enjoy that sense of pride borne of accomplishment in the name of your country and your profession.

SINGLE RATE PLAN FOR HOSPITALS

The cost of hospital care, and the methods by which that cost is charged to patients, are subjects of vital and paramount interest to physicians. However, and unfortunately, it seems that generally the extent of the interest goes no further than merely to observe that the cost is too high. Whether or not this is true, physicians can make a real contribution in the direction of lowering the cost, and improving the methods, by examining the elements which make up the cost, by studying the services and procedures which produce it, and in other ways conferring with the administrative heads of the hospital. Basically the hospital is the physician's prime responsibility; it is his tool, his workshop, his device to aid and assist in getting *his* patient well. Under that premise, it is certainly his right, and his duty, to understand the economics of hospital care and by that knowledge contribute to the improvement of cost and methods.

This leads to the subject of the methods by which the cost of hospital care is charged to patients. The method used generally and which was used by our hospital up to about two and one-half years ago is to charge a fixed rate per day for the room, food, and nursing care, with additional charges for each item of service rendered — such as medications, laboratory examinations, x-ray examinations, operating room, physical therapy, hydrotherapy, intravenous therapy, anesthesia, etc., etc., affixing varying prices to these items depending on the room accommodations selected such as private, semi-private, or ward. About this method—certain questions arise: (1) Is this method good? (2) Does this method make for satisfied "customers" (i. e., patients)? (3) Is it entirely equitable and fair? (4) Why a fixed rate for the main elements of hospital service, i. e., room, nursing care and food and not for the so-called "additional" charges? With this old method, our "customers" (i. e., patients) complained constantly about their bills for hospital care. It is no exaggeration to say that over one-third of the writer's time was taken up in trying to settle these complaints. Were the complaints really settled? We doubt it, for it seemed that very few patients were genuinely satisfied. They either accepted the charges under protest, feeling that they could do no more about it, or, as happened in a great many cases, we had to make reductions in the bill.

The basic reason for their complaints was the fact that they were not aware that they would be charged for these additional items of service, or "extras" as they were often referred to. Whose fault was that? Was it negligence on the part of the doctor in not explaining completely what the cost would be? Perhaps, to a very minor extent, but how could a busy doctor be expected to pore over the rate schedules of a hospital and estimate the total cost? It is doubtful if one in a hundred has a copy of the complete hospital rate schedules with its thousand and one items. And, further, in a substantial proportion of his cases he does not know *in advance* entirely what services he may require in the process of treating his patient. Does the fault lie with the Admitting Officer of the hospital when the patient is being admitted? No, for the same reasons apply at this point as with the doctor, and in addition I am sure that anyone who has observed the patient's emotional state at the time of his entering the hospital would understand that he is in no condition to be receptive to a technical explanation of what his hospital care would likely *(and only likely)* cost. Surely this is a most inappropriate time to try to explain the possible cost of hospital care for all this seems to accomplish is to increase his concern and apprehension.

Then too, there seems to be a definite feeling on the part of the public that the rates for "extras" are not fair. Is there a

valid reason for this feeling? Emphatically yes, if the principle is accepted that rates should be fairly consistent with costs—and this is the principle generally accepted by other enterprises. Anyone who has studied these various rates, and compared them with costs, would readily conclude that no scientific or fair formula was followed in establishing them, but rather that they were determined arbitrarily and bore little relation to cost.

Having come to the conclusion that improvement was desirable, the hospital with which I am associated explored the possibilities of a better plan for charging patients the cost of hospital care. After thorough and exhaustive cost studies of its operations and actuarial studies of utilization of so-called special services, it decided to adopt a *fixed* rate plan, in its entirety, which would include all costs of hospital care at a definite rate per day. Such a plan is variously known as the Comprehensive Plan, Inclusive Plan, or Single Rate Plan. But whatever it is labeled, its object is to tell the patient, or "customer", *in advance* definitely what it will cost for his hospital care. The only limitation is the number of days that the patient remains in the hospital. There are no "extras", excepting such services as blood, private duty nursing, telephone calls, guest meals, etc.

I need not go into the techniques used in determining the rates. This is an actuarial and technical accounting problem, but it is sufficient to say that such methods as were used in our hospital, and which produced the rate schedule, were examined carefully by a public accounting firm and approved. The hospital issues printed rate schedules, copies of which are distributed to all of its physicians, who are asked to give copies to their patients who expect to enter the hospital. From this schedule, the patient can know in advance just how much it is going to cost him. The cost for the first ten days is higher per day than after the first ten days. This conforms to our experience as our studies revealed that the incidence of utilization of the so-called "extras" was 98% in the first ten days and only 2% thereafter.

Here it is in order to interject one important observation which bears direct relation to my opening remarks. No such plan as we have could possibly have been introduced and worked out satisfactorily without the aid and sympathetic understanding of the Medical Staff of the hospital. How was this accomplished? Fortunately we had several members of our medical staff who were acutely aware of their responsibilities concerning the economics of hospital care, and the orchid goes principally to Dr. Harvey T. Herold, F.A.C.S., who, with the writer, examined thoroughly and patiently the many studies which we made, and who became the strongest advocate for the Plan. To Dr. Herold can be attributed the Plan's easy introduction and its successful operation, for he gave generously of his time and energy in explaining to his colleagues the advantages of the Plan and, contra-wise, the disadvantages and inequities of the old method.

The benefits arising from such a plan may be summarized as follows: (1) Hospital care, just like any other service or commodity, may be "sold" at a definite price. Even the physicians can do that and certainly the hospitals should do likewise. (2) Physicians are able to tell their patients exactly what it will cost for their hospital care. (3) It is a more equitable plan of rates than the old method. (4) The physician need not concern himself about ordering "extras" as it will not affect his patient's bill, and experience shows that there is no appreciable increase, if any at all, in the overall hospital cost as a result of this privilege. (5) It definitely and positively reduces "customer" complaints to a minimum.

Again I refer to my opening remarks. It is, in my judgment, the physician's

primary social responsibility to know about these things and to help in their solution. We believe that we have a reasonable answer to the problem and that that answer was the result of fine cooperation of the doctors and the administrative staff.

E. J. KRAHENBUHL, Comptroller,
Hospital of Saint Barnabas and for Women and Children.

HOSPITAL OF SAINT BARNABAS AND FOR WOMEN AND CHILDREN

SCHEDULE OF RATES—SINGLE RATE PLAN—EFFECTIVE DECEMBER 15, 1943

TYPE OF SERVICE	COST TO PATIENT FOR DAYS INDICATED										Cost Per Day After 10 Days
	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	8 Days	9 Days	10 Days	
MEDICAL AND SURGICAL											
1—2 Beds Per Room—North Wing	17.75	28.00	38.25	48.50	58.75	69.00	79.25	89.50	99.75	110.00	6.00
2—2 Beds Per Room—South Wing	18.75	30.00	41.25	52.50	63.75	75.00	86.25	97.50	108.75	120.00	7.00
3—1 Bed Per Room—North Wing	21.25	35.00	48.75	62.50	76.25	90.00	103.75	117.50	131.25	145.00	8.75
4—1 Bed Per Room—South Wing	21.75	36.00	50.25	64.50	78.75	93.00	107.25	121.50	135.75	150.00	9.25
5—1 Bed Per Room—South Wing	22.25	37.00	51.75	66.50	81.25	96.00	110.75	125.50	140.25	155.00	9.75
6—1 Bed Per Room—South Wing	22.75	38.00	53.25	68.50	83.75	99.00	114.25	129.50	144.75	160.00	10.25
7—1 Bed Per Room—South Wing	25.25	41.00	56.75	72.50	88.25	104.00	119.75	135.50	151.25	167.00	10.75
8—3 to 4 Beds—North Wing	17.25	27.00	36.75	46.50	56.25	66.00	75.75	85.50	95.25	105.00	5.00
10—Wards	15.75	24.00	32.25	40.50	48.75	57.00	65.25	73.50	81.75	90.00	4.75
MATERNITY											
20—2 Beds Per Room—North Wing						68.00	76.00	84.00	92.00	100.00	8.00
24—2 Beds Per Room—South Wing						74.00	83.00	92.00	101.00	110.00	9.00
23—1 Bed Per Room—South Wing						87.00	99.00	111.00	123.00	135.00	12.00
22—1 Bed Per Room—South Wing						93.00	106.00	119.00	132.00	145.00	13.00
21—1 Bed Per Room—South Wing						99.00	113.00	127.00	141.00	155.00	14.00
25—Wards						56.00	62.00	68.00	74.00	80.00	6.00

Rates Subject to Change Without Notice

For these rates the Hospital offers a complete service, including every facility required for care and comfort with but a few exceptions.

A deposit equivalent to 10 days' care is requested when the patient enters.

For cases known to have shorter periods of hospital care a deposit corresponding to this schedule is requested.

Refunds will be made for any overpayments.

Bills are issued weekly after the 10th day and are due for payment when presented.

All accounts should be paid in full before patient leaves Hospital.

The doctor's bill is *not* included in this Schedule of Rates.

PUBLIC OPINION CONCERNING MEDICAL PRACTICE

The State Society of California has published an interpretative report on a survey of public opinion in California, conducted for that Society by the firm of Foot, Cone and Belding. This is the first survey sponsored by a State Society coming to our attention. The report is worthy of your attention and may be found in the May issue of "California and Western Medicine".

The following quotations are from this report:

"One of the heart-warming elements of the Survey is the high opinion in which most citizens hold the profession of medicine" * * * "But, despite this high opinion only 34% of our citizens are against federal medicine" * * *

The report continues with detailed interpretations of the survey, then comments * * * "Among all those throughout the State who want federal medicine, cost is basically the reason for their choice" * * * "Among the upper income groups, federal medicine is desired because of the poor. Among the poor, it is desired because they themselves want proper care."

"You may be able to refute each of these opinion held by the public, but it will do no good (1) because they cannot hear your argument, (2) if they could they would merely point to those

spots where scientific medicine is not available to certain segments of the population, and further argument would be ruled out and (3) you would be strictly on the defensive" * * *

"At this point you should be asking yourself the question: Why is medicine singled out? Hasn't the doctor as much right to the advantages of free enterprise as anyone else? The answer to that is very simple. The public doesn't think so. The public is applying to the profession a principle as old as the nation:—when something is desperately needed by all of the people, but only part of the people can obtain it because of cost—then it must be socialized so that all may have it."

"Once you recognize this principle the solution is immediately apparent: To save free enterprise in medicine, it is necessary to provide scientific medicine through free enterprise in a manner which will make it readily and economically available to all of the people all of the time."

The report then makes three recommendations, the first of which is as follows:

"We recommend that the California Medical Association recognize the fact that federal medicine has swollen into a tide which is sweeping the public before it; that the Association make no attempt to defensively obstruct this tide; but rather that it admit the factors which produced federal medicine and prepare itself to ride with it; and that it do this by using a prepayment medical plan set up by the medical profession and developed upon the best lines so that it can function as a substitute for federal medicine; and that in this manner, it wean away from federal medicine the majority of the electorate."

The remaining recommendations have to do with an educational program and the expansion of their voluntary plans through their own organization, California Physicians' Service.

The writer has tried to give a brief, neutral review of this important report, but hopes many of you will read the entire report to obtain its full significance and your own interpretation.

The lesson to us is the necessity for every physician in New Jersey to give his full support to The Farm Security Medical Plan of New Jersey, The City of Newark Plan and Medical-Surgical Plan of New Jersey, our own plans offered as an alternative for federal medicine.

Quoting again, one of the last paragraphs of the report:

"Certainly those men overseas, making their fight—fighting fatigue even more than you—deserve to return to the enjoyment of life, and the practice of their art respected by all men at all times."

"Who will provide the leadership that will preserve for them those rights? Who, but YOU?"

SERVICE MEMBERS' NEWS LETTER

The first of a series of news letters to our 1500 members in service will be prepared and mailed during July. The letter will not only include items of general information but also local news from all over the state. County Societies and hospitals have been contacted and requested to send in whatever bits of interesting news they wish included in this first letter.

If you have received any letters from members in service, portions of which are particularly interesting and could be reprinted, or if you have any items of information or news about your local Society, your clubs or your community, please send them to the Executive Offices in Trenton.

The second letter is scheduled to go out in October and any item, no matter how small, will add to the interest of the letter.

THE WAR

PHYSICIANS IN CIVILIAN LIFE

Procurement and Assignment Service presents herewith an analysis, by Counties of New Jersey, the number of physicians remaining in civilian life and the ratio of active physicians to population, as of January, 1944.

County	Population Nov. 1, 1943	Total Physicians	Total Active Physicians	Ratio Population to Active Physicians
Atlantic	107,491	137	129	833
Bergen	420,086	286	260	1,616
Burlington	89,920	66	63	1,427
Camden	254,085	197	168	1,512
Cape May	28,075	23	22	1,276
Cumberland	73,370	57	49	1,497
Essex	824,845	765	667	1,237
Gloucester	74,798	43	39	1,918
Hudson	597,092	519	447	1,336
Hunterdon	34,245	36	29	1,181
Mercer	196,424	230	220	893
Middlesex	224,139	146	134	1,673
Monmouth	172,054	147	129	1,334
Morris	127,250	135	126	1,010
Ocean	37,088	34	32	1,159
Passaic	293,623	292	278	1,056
Salem	42,599	31	28	1,521
Somerset	68,661	68	60	1,144
Sussex	32,283	22	20	1,614
Union	333,775	292	280	1,192
Warren	48,587	33	28	1,735
TOTALS	4,080,490	3,559	3,208	1,272

Included as active physicians are (1) physicians with degree of M.D. in active practice, (2) physicians doing full-time administrative and industrial work, (3) physicians employed by the State or as full-time employees in our hospitals, other than internes, and (4) osteopaths holding a full license to practice medicine and surgery.

Of the twenty-one counties only seven have more than 1,500 persons per physician and none has more than 2,000 persons per physician. This estimate is made on the best census figures available up to November 1, 1943. Reliable census figures are difficult to obtain due to fluctuations in population, particularly in industrial areas where in many instances increases of 30 per cent or more have occurred during the war period.

The state ratio of one active physician to 1,270 persons is a little better than the 1-1,340 in the average state. Allowing for errors in calculation (the industrial character of our state and population increases), it is fair to assume that New Jersey has contributed its share.

Of the metropolitan areas, Atlantic City and Trenton are exceptions. Their favorable ratios may be explained by the large transient population of Atlantic City and by the considerable number of essential physicians employed by the State and living in the vicinity of Trenton. On the other hand, the City of Newark has 1,260 persons per physician as compared to a ratio of 1-1,000 in cities in similar metropolitan areas on a national basis.

The situation now is fairly well stabilized, but the maintenance of adequate personnel in our communities is becoming a more and more important function of Procurement and Assignment Service. At present there is a relative shortage in all parts of the State, and all physicians are carrying a full capacity load, but we feel there is no area in the State where the need is critical.

THE INTERNE PROBLEM

There is a serious shortage of internes in New Jersey hospitals. This problem gives ever increasing concern to us, to hospitals and to the profession.

The recent directive of Selective Service under which no deferment of pre-medical students will be allowed, beyond those who will be admitted to medical schools by July, 1944, will creat a more serious problem in the future. We are assured that Dr. Lahey and the Central Board are working hard on this problem and are hopeful that Selective Service will alter its present policy.

In the meantime we are attempting to improve the situation by (1) the organization of definite, formal, interne training programs in all New Jersey hospitals, in the hope that interneships in New Jersey hospitals will then be more attractive to recent graduates; this proposal was approved by the House of Delegates, and (2) by obtaining permission for the establishment of "mixed residencies" in many of our hospitals not qualified for resident training in the specialties, and for the deferment of commissioned internes to fill these "mixed residencies". This has eased the situation in many hospitals. It is our hope that these "mixed residencies" will be continued after the war and offer an opportunity for post-graduate review training for some of our

younger physicians and a modest compensation prior to their resumption of private practice.

EXTRA MURAL ACTIVITIES

The personnel of Procurement and Assignment Service and many of its county consultants inherited many of the functions of its predecessor, The Medical Preparedness Committee, such as the procurement of medical examiners for local Selective Service Boards, examiners for Federal Induction Boards, administration of the X-Ray Program of Induction Boards and organization of the medical phase of the Civilian Defense program. These functions were assumed in a spirit of public service to assist physicians in fulfilling their civic obligations and maintaining the affairs of medicine on a voluntary basis.

We receive a considerable number of letters from men in service, and from their families, requesting advice or information. All such letters are given careful consideration and in many instances we have been able to be of assistance.

COMMISSIONED OFFICERS FOR THE VETERANS ADMINISTRATION

So many inquiries have been received concerning this matter due to newspaper publicity that Procurement and Assignment Service wishes to clarify it.

It is fair to assume that the Veterans Administration will expand tremendously as it receives disabled men by transfer from the Army and Navy.

Prior to May 17, 1944, Veterans Administration physicians were appointed through the Civil Service Commission following declaration of their availability through the Procurement and Assignment Service.

Under the directive of May 17th, 1944, physicians who were not previously eligible for commission in the Army or Navy because of age or physical disability may be commissioned and assigned for duty with the Veterans Administration. The Army Procurement Service has been requested to obtain 600 physicians and the Navy Procurement service has been requested to obtain 100 such officers.

Applications will be accepted as follows:

ARMY

I. Available physicians under 45 years of age, not eligible for duty with the Army, but meeting physical requirements of the Veterans Administration.

II. Available physicians between 45 and 63 years, meeting physical requirements of the Veterans Administration, will be offered commissions for duty with the Veterans Administration, except that those between 45 and 55 years, found physically qualified will be submitted by the Army to the Navy for consideration for duty with the Navy.

NAVY

I. Available physicians under 55 years of age, not physically qualified for Navy duty who do meet the physical requirements of the Veterans Administration will be commissioned in the Navy for duty with the Veterans Administration.

II. Available physicians between 55 and 60 years of age meeting physical requirements of the Veterans Administration will be commissioned in the Navy for duty with the Veterans Administration.

The nebulous part of the program concerns rank and physical requirements. We learn that the Army, for purposes of these appointments, has been granting rank of Captain and the Navy rank of Lieutenant Commander. Physical requirements are passed upon in Washington and we understand that waivers are granted on physical defects consistent with the age of the applicant.

Those appointed will have all the rights, privileges and obligations of other commissioned officers in their respective service. They will be under the jurisdiction of their respective service, but assigned for duty with the Veterans Administration.

Procurement and Assignment Service (20 Washington Place, Newark, New Jersey, Room 636, call Market 2-1450 extension 251) will be glad to hear from any physician interested in this type of appointment.

ORIGINAL ARTICLES

POST-WAR PLANNING*

Louis H. Bauer, M.D., Chairman
Council on Medical Service and Public Relations, American Medical Association

In planning for the future in medicine, we are beset by many problems. Once again we have had to take time off from constructive planning to fight our old-time Nemesis—compulsory sickness insurance. It is my belief that our fight has been successful, and that the Wagner-Murray-Dingell Bill, at least so far as the medical provisions are concerned, has been laid in its grave; however, I fear it has not been buried deeply, and either it or one of its unborn offspring will rise again and again in the future unless we solve the problem of the distribution of medical care ourselves.

There have been many reports and many statements issued on the subject of medical care and the number of people lacking such care. Many of these reports have been arrant propaganda; nevertheless, let us start out with the premise that if there is a single person in this country who does not have access to good medical care, that is one person too many.

The medical profession in general and organized medicine in particular, have been accused of being reactionary and in favor of the *status quo*. This, again, is largely propaganda, but it has been accepted by many people, including, I am sorry to say, many members of the medical profession, who ought to know better.

It is very easy to say, "Why does not the American Medical Association develop and put into immediate operation a country-wide plan for medical care which would answer all the criticisms of our present system?" It is not that simple. I am strongly in favor of voluntary insurance. I believe in its further development and wider extension of coverage. I believe, however, that it is only one answer to a complicated problem, a very important answer, but that it will solve only part of our troubles, even though it may prove to be a large part; nevertheless, it is my considered opinion that had the American Medical Association put out a nation-wide plan for voluntary medical insurance, it would have been the surest way of sounding the death knell of any such plan.

Why do I say that? Because when the voluntary insurance plan was first approved, no one knew anything about it, nor how it would work. There was no actuarial background, no one knew how the public or profession would react to it, nor did anyone know just what coverage should be offered. Over a period of years, however, many plans have sprung up, a few of them have prospered, some have entirely altered their procedure and coverage, and many have died a lingering death. Valuable experience, however, has been accumulated and we now know much better how to proceed.

The American public wants a personalization of service. I think that is illustrated best by the fact that since we have had the times of full employment, the beds in charity hospitals have had a new low turnover, whereas the private and voluntary hospitals, with the private and semi-private rooms have been overcrowded.

The American public, however, are demanding some method of prepayment for meeting medical bills. They are not in favor of Government-controlled medicine, but they are calling upon the medical profession to provide the answer, and we must successfully meet that challenge. Now, how can we best accomplish our task?

Realizing the need for further action, the American Medical Association last June set up a new Council on Medical Service and Public Relations, whose duties were specified as follows:

* Presented before the 178th Annual Meeting, The Medical Society of New Jersey, General Session, Tuesday, April 25, 1944.

"To make available facts, data, and medical opinions with respect to timely and adequate rendition of medical care to the American people.

"To inform the constituent associations and component societies regarding the activities of the Council.

"To investigate matters pertaining to the economic, social, and similar aspects of medical care for all the people.

"To study and suggest means for the distribution of medical services to the public, consistent with the principles adopted by the House of Delegates.

"To develop and assist committees on medical service and public relations originating within the constituent associations and component societies of the American Medical Association.

"In the exercise of its function, this Council, with the coöperation of the Board of Trustees, shall utilize the functions and personnel of the Bureau of Legal Medicine and Legislation, the Bureau of Medical Economics, and the Department of Public Relations in the Headquarters Office."

The Council feels that one of its outstanding duties is to evolve a system of medical care which will cover all the people and be in accordance with the traditions of American medicine as to high standards of medical care and the American tradition of free enterprise.

There is no evidence that the American people want different doctors or a different system of medical care. They merely want what is available, at a lower cost, and want it more widely available. They want the privilege of choosing their own doctor. They don't want to be regimented in medical care.

To quote from the general policies of the Council:

"The Council on Medical Service and Public Relations recognizes the desirability of widespread distribution of the benefits of medical science. It encourages evolution in the methods of administering medical care, subject to the basic principles necessary to the maintenance of scientific standards and the quality of the service rendered. It is not in public interest that the removal of economic barriers to medical science should be utilized as a subterfuge to overturn the whole order of medical practice. Removal of economic barriers should be an object in itself.

"It is in the public interest that the standards of medical education should be constantly raised, that medical research be constantly increased, that graduate and post-graduate medical education be energetically developed.

"Curative medicine, preventive medicine, public health medicine, research medicine, and medical education are indispensible factors in promoting the health, comfort and happiness of the nation."

In order more effectively to mobilize the medical profession and to keep the public informed as to progress, the Council organized with a Chairman, Vice-Chairman, a full-time Secretary, and an Executive Committee of three. While the main office is in Chicago, as you doubtless know, the Council has also opened an office in Washington, D. C., with a specially trained and qualified consultant in charge, and I may interpolate here that the man who has been placed in charge is Dr. Joseph Lawrence, who for twenty years has been in charge of a similar office in New York.

I read on the train coming down here the report of your Legislative Committee, in which they intimated that they didn't think our office in Washington would be able to accomplish very much. I think you might give us a chance to see what we can accomplish and, if you are a little doubtful about that, I suggest you refer to the record of Dr. Lawrence and what he has been able to accomplish in New York. Many of the officers of your society are fully familiar with what he has done, and I haven't the slightest doubt in the world that he will be able to accomplish an equally effective job in Washington.

The Council has extended the sources of information of the American Medical Association already existing. It called upon each State Society to designate a committee to collaborate with the Council, and for each state to set up similar committees in each county, with contact with all civilian groups. Forty states have set up state committees, some of which have been quite active. Only five states

have furnished us with the names of their county committees.

We are issuing bulletins twice a month to over two thousand persons who are active in organized medicine, and the list is constantly growing. These bulletins keep the profession informed of what is transpiring, especially in Washington. They are in addition to the legislative bulletins of the Bureau of Legal Medicine and Legislation.

We have recently started issuing to the same mailing list abstracts of editorial comment in State Medical Journals, so that all states may be familiar with the thinking of other states.

In May a conference will be held in Washington with all those interested in the subject of medical care, including representatives of Government, insurance companies, industry and labor.

More specifically, what can we do to help solve the problem of medical care? Group hospital insurance now covers over fifteen million people and it is steadily growing. It needs encouragement and should be available to anyone who wants it. The medical profession should aid and abet its growth. We have had differences with the Blue Cross people on the inclusion of medical services in such policies and this brings me to the next item, namely voluntary medical expense insurance.

With the various medical society plans, and approved industrial plans, and commercial plans, about three million people have protection against illness and accident. This, of course, is a drop in the bucket, but such plans now, on the basis of experience already mentioned, are in a position to develop more rapidly. There should be plans in every state. The states should foster and correlate local plans within the state.

The Planning Committee of the Medical Society of the State of New York is recommending to its House of Delegates the setting up of a Bureau of Medical Care and Insurance with a full-time Director, and I am going to quote to you what that Committee is recommending to the House for adoption:

"This Bureau is to have the following duties:

"To correlate the activities of the American Medical Association, of the states and other countries.

"To educate physicians of New York State by means of the Journal and other publications.

"To report regularly to the Council and to the Committee on Public Relations and Economics.

"To make available material for the Publicity Bureau.

"To meet with the Directors of present voluntary medical care plans of New York State.

"To assist the promotion and the study of actuarial experience.

"To meet with County Societies in which no plans are operating, to the end that New York State may be wholly covered by voluntary prepayment plans.

"To meet with the Departments of Social Welfare and Insurance, and unofficial agencies of the New York State Government to prepare material for submission to the Journals of various county societies.

"To meet with representatives of the Hospital Associations of New York State, and with the Hospital Insurance and Blue Cross organizations.

"To study and report on commercial insurance plans and policies.

"To meet with industry, labor, management, sponsoring medical care programs.

"To establish a central bureau as a clearing house for existing plans.

"To study possibilities and procedures for a state-wide plan directed and controlled through the Medical Society of the State of New York."

It is my personal feeling that other states might do likewise, and that it has now reached the point where the American Medical Association could act in a similar way for the nation. We are not yet ready for a national plan, but we must, to use the vernacular, either "put up or shut up" on this matter of voluntary insurance; furthermore, if voluntary medical care insurance were widely available, it would solve the argument with the Blue Cross plan. Medical service would belong in a medical expense indemnity policy and there would be no excuse for putting it anywhere else. The vari-

ous welfare agencies also would do well to investigate the use of the voluntary insurance principle in caring for the indigent, instead of the present system of the so-called "poor physician", or the dole.

Our group hospital insurance and voluntary medical expense insurance do not give the full answer, however. In New York we are recommending a survey to see whether or not there are areas in which centers for diagnostic aid could and should be established. There are areas in this country which have doctors but no facilities for diagnosis, and there are areas which have no doctors because there are no facilities to practice good medicine.

Again I will quote from the report of the Planning Committee of the Medical Society of New York on this subject:

"In looking about for some plan that would correct these conditions, that would attract more medical men, and develop conditions that even would encourage them to remain permanently in the area, and at the same time realize the closer relationship with Government agencies, the question of a diagnostic center might be considered."

Prior to that it states that there is no question that one of the frequently heard criticisms of the medical profession is that persons living in the rural areas are not provided with proper medical service. This, it is explained, is due to two causes, one, the lack of a sufficient number of medical men to care for all, and the fact that proper facilities for practicing with modern medical methods are not available.

One of the reasons for our failure to provide adequate medical care is a result of the second reason. Many young doctors fresh from internship and medical school with every facility for making whatever clinical tests are necessary and with radiological and other devices at hand, suddenly find themselves devoid of any means of making the clinical laboratory tests so necessary to the modern clinical physician to possess to treat the patient properly. It is not surprising that finding himself in this situation, he becomes discouraged and moves to some town or city where the necessary facilities are available, or, even worse, remains there and does not keep pace with medical advance, which means deterioration of the individual and rendering of medical care which does not fully protect the interest of the patients.

The question should be studied from many angles, so that such disadvantages which might occur could be considered. There are a number of questions to be considered. Where are they to be located? What sort of supervision should they have? There is an opinion that a majority of the Supervising Board should consist of members of the Medical Society and they should select professional members of the personnel and set up qualifications for those who would fill the position so efficient and worthwhile work would be assured.

The center would probably have to be subsidized, the least desirable subsidy being federal grant, the more desirable state aid, and, most acceptable, local community aid from county taxes.

The work of these centers should not be really for the purpose of making a diagnosis but for making clinical tests and promptly informing the physician in attendance the result of the examination or test. There should be no treatment provided. The question should be answered: Would those centers fully correct the conditions which have brought forth so many criticisms of the medical service?

We believe the establishment of centers of this type in localities should be attempted after a survey. It would raise the standard of medical service to the community and be of benefit to the entire community.

We believe these centers can be operated in fairly selected areas with no damage to the practice of medicine, and we are recommend ing that such a survey should be made, and the action to be based on the results of that survey. I believe that other states might well do likewise.

Furthermore, in our efforts to reduce the costs of medical care, what about insurance against nursing care, often the most expensive item in sickness? Some commercial companies are issuing policies for this, but little else has been done. The whole nursing problem means closer coöperation between the

medical profession and the nursing profession; in fact, the interdependence of the physician, the nurse, and the hospital must be recognized.

It would seem to me that as a field for the Government, assistance in the development of the county health unit is a legitimate one. Too many counties in the United States have no proper health department or health supervision.

One other item, medical education—we now have that wartime, streamlined medical education. Men are going through in three years what customarily took four years. They are inadequately trained from the preliminary standpoint, getting from sixty to eighty weeks' preliminary training, which is inadequate. They are too young; they are immature. Men cannot do four years' work in three years and properly absorb it. They do not have the opportunity to do the hospital work and have a chance to absorb what they have learned during the school year.

Then, after graduation, they have nine months' internship. We select a few of them and they have another nine months, and a very small proportion have a third nine months. It is going to result in our having a number of inadequately trained physicians thrust upon the community unless we take steps to remedy that situation as soon as the war is over.

I do not say we should return immediately after the war to the pre-war status of medical education, but at least we should return as soon as possible to the proper selection of mature individuals for medical training, and a four-year course followed by the normal length of internships and residencies, and I think that it is up to us to afford opportunities to these men returning from the service for graduate education in the lines which they need. Many of them are asking for it, and want that provided.

Then, too, there is another point which must be borne in mind. Many of these men have graduated from medical school and had a nine months' internship and have gone directly into the Armed Forces. They know nothing of medical ethics or principles of organized medicine. Something should be done about that.

The Council has recommended to the House of Delegates of the American Medical Association that a plan should be worked out whereby all medical students may be given student memberships in the American Medical Association so that they can be early inculcated with the ideals and aims of the medical profession.

Now these are but a few of the problems besetting us. As I have already indicated, I believe the answer is multiple and not single. The Government has its place, but its place is definitely not that of administering general medical care. Answers to the problem lie within the field of private enterprise. Some of the answers I have pointed out to you, and it is up to us to educate not only the public but ourselves on the problem.

Changes in the distribution of medical care are as inevitable as changes in methods of diagnosis or therapeutics. Let us see to it that these changes come in an orderly, evolutionary manner, and that they are within the structure of our American way of life.

I know that many of you are very much interested in this Washington office which has been established, and I am going to say just a word about that, since the office has been established, and we are seeking to keep all State Societies informed of what is going on. After all, if there is a matter of informing the public, you are the ones that have to do it. It can't be done from a single agency. If any legislative body is to know what the public thinks, it is interested in knowing what the man at home thinks, and not what some designated representative may tell him. The designated representative will be believed provided the man back home tells the legislator first.

The office was established on the third of April and it has already become organized, and already results are beginning to be seen from its establishment, and I think that you will find if you give it a chance that you will not be disappointed in what it is able to accomplish.

QUESTIONS AND ANSWERS

DR. BAUER

QUESTION: Granting we approve the objectives represented in our Social Security Act, and granting that we know the medical phases of this act are part of the security question in general and cannot be separated from the basic principle of Social Security as an insurance basis, and granting that the idea of compulsory savings for the purpose of financing this is correct, have you considered the rights of states to administer such funds for the benefit of local needs; as the basis for discussion, what would in your opinion the reaction of the Council on Medical Service and Public Relations be? Should you consider a plan whereby the moneys collected in the respective states should be held in the main inviolate by the respective states, the funds delegated for the various phases of social security to be distributed to insurance companies and administered by them, moneys being allocated them—there would be no agency cost. This would operate so that it might obviate powerful political bureaus in Washington and remove many of the fundamental objections by medical societies and others. There are, as you know, approximately six organizations studying the relations problem. The multiplicity of these reports has seemed to be confusing to the public and to the doctors. Would it not be better for the American Medical Association to coördinate or consolidate these groups in order to eliminate this conflict of leadership in the states —rather than by organized medicine?

ANSWER: So far as the Wagner-Murray-Dingell Bill is concerned, I will admit the one way to amend it is to strike out everything after the enacting clause and then postpone indefinitely action on that.

There is no question that if the states had the administration of certain phases of Social Security, it would be far better than a federal program; in fact, I call to your attention the fact that the present Wagner-Murray-Dingell Bill is concerned not only with the medical hospitalization problem. That is only one part of the bill. The bill has to do with old age insurance and unemployment insurance, and with conditions already in effect, but it transfers every bit of state authority to the Federal Government, which to my mind, although I don't usually talk on anything but the medical provision of the act, is fully as vicious as the medical and hospitalization program.

I do not believe that any system could be arranged whereby the Federal Government would assess taxes and give them to the states for absolute administration. They have never done it and I don't know why they would begin on this.

I agree that there are too many organizations acting as a front for the medical profession and I am in hopes that this condition will be solved in the near future. I think that if the Council of the A. M. A., representing the American Medical Association, should take action, it should be the one to be recognized and I think as our office gets under way and becomes known, it will be recognized, and I hope that there will be less confusion and that there will be an amalgamation or closing up of the other offices.

I think that there is no question but there is bound to be confusion because of the three offices maintained with their present status in Washington. There is going to be confusion in the minds of the public and confusion in the minds of everyone concerned with medical care, if such is the case, and, unfortunately, they are likely to work at cross purposes. Already I think one of these organizations has issued some information which we have found was entirely contrary to the information we were able to obtain from thoroughly reliable sources, and anything of that sort is bound to create a great deal of confusion. I agree with the author of the question, it would be far better if we had one office rather than three.

QUESTION: In order to settle controversial questions and devise plans to meet changing conditions in the medical service and health needs of our people, is it not now immediately necessary, as well as postwar, for the American Medical Association to initiate some type of bureau to work with the national agencies for social welfare, etc.?

ANSWER: We are initiating a conference in Washington next month which will bring together the representatives of all these professions as well as the Governmental agencies and everyone concerned with medical care. Based on the result of that we may be able to evolve something of a more permanent nature, but we hope that this is going to be most useful, and give everyone an opportunity to air his views and give us a chance to swap ideas across the table.

QUESTION: Do you feel the desired plan for the American Medical Association to sponsor would be indemnity or all-inclusive-care plan with income limit or with full coverage?

ANSWER: I don't believe we are ready for a plan yet. I have been delighted to hear what you have been able to do. What will work in New Jersey will not necessarily work in Tennessee. What will work in Tennessee will not necessarily work in California. Whether we will ever have a national plan, I don't know, but certainly every state should have some plan that will cover the people within the state and perhaps eventually those plans can be amalgamated and brought together, and not have forty-eight different plans, but it may be that it won't be possible to have just one. Maybe we will have to have three or four for different areas of the country or people of different incomes.

I think the indemnity plan is by far preferable, but for people with very low income, the medical care plan may have to be the answer, but I don't think we know all the answers to this yet. I do feel it is time now that the American Medical Association set up a bureau to coördinate these plans and give assistance to the states which have already developed them, and to those states that

haven't developed any at all, and eventually to cover the whole country with these plans. I think that is one of the answers to our problems and I think the sooner we get to it, the better.

QUESTION: About diagnostic aid.

ANSWER: I don't know just what the answer to that is. I think it needs considerable further study. I don't believe the communal plan is the answer. If I am not mistaken, the communal plan is one that is sponsored by the Group Health Coöperative in New York, which makes the hospitals the center of the medical care program, not only within the hospital but in the home also, and it covers treatment as well as diagnosis, and I don't believe that particular plan is the answer.

I may repeat, I don't think there is any one answer, and I don't think we can expect to find a single answer. Different sections of the country vary in their problems. We have rural districts and metropolitan districts, we have industries and labor, and we have agriculture, and what will work in one district will not necessarily work in another.

I believe some of the industrial plans have worked very well, and if you have read the recent surveys, you know that people who had the industrial plans are very well satisfied with them, and what is more illuminating, not only are they satisfied with them, and the doctors administering them are satisfied, but the doctors in the community not part of the plan state that they are useful and they are doing good work.

So there are various types of plans which we have got to have. We have to start on a lot and have a lot more, and those started have a great deal further to go, so one of the most important things you can do is advocate them to the national medical profession—they are the ones that need to be enlightened in sponsoring and furthering these plans. They have to realize what it means to them in dollars and cents.

They are groping for some methods of meeting the medical bills by means of a prepayment basis, and we have an answer for at least part of the problem; let's give it to them.

FEDERAL MEDICAL CARE FOR VETERANS AND SOLDIERS' WIVES

I. The "G. I. Bill", S. 1767, providing benefits for World War II Veterans went to the President for approval during the week of June 10th.

Among the benefits provided are hospitalization and medical care for both "service connected" and "non-service connected" injuries and illnesses. Five hundred million dollars is appropriated for additional hospital facilities. The program will be administered by Veterans Administration, dispelling the hope that the program might be organized on a local level, using existing voluntary hospitals and private physicians. Veterans will probably reach a total of ten million persons (population of New York State — 13,000,000). Providing hospital-medical care for this large number of wage earners for non-service connected diseases at Federal expense will have an appreciable effect upon the income of the private practice of medicine.

II. The House of Representatives appropriated $42,800,000 for obstetrical and medical care of enlisted men's wives and children as part of the 1945 Labor Department appropriation. The Senate Committee has recommended extension of this service to aviation cadets. This will make this service available to the families of practically all men with grade below commissioned rank.

As of April 28, 1944, the Army had, in this country, a total of 105,000 beds in general hospitals and 261,000 beds in station hospitals.

Since November, 1943, 2,000 officers have been qualified for commission in the Medical Administration Corps, to replace physicians now doing administrative work in the Army.

POST-WAR MEDICAL EDUCATION*

Robin C. Buerki, M.D., Dean, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Dr. Bauer has touched briefly on the future of medical education, and, in the main, I agree with him.

Too few of us clearly define or appreciate the limits of under-graduate medical education, post-graduate education, and graduate education. They are three separate and distinct phases in the educational life of a doctor.

Under-graduate education should include the traditional four-year course in medical school plus an internship. Graduate education consists of long courses of continuous periods of study, making the individual capable of beginning the practice of one of the specialties. Post-graduate education, consisting of short periods of study, should keep the general physician or the specialist abreast in his field of medicine from the time he completes his formal education until he retires from active practice. Post-graduate education should not prepare a man for any special field of practice.

I don't know from the topic assigned me whether I am to discuss all three or only one of the three phases of medical education. I have just promised to cut the time allotted me in half and in the next few moments I will try to discuss all three phases of medical education.

I agree with Dr. Bauer that after the war we should return to the traditional four-year medical course. The majority of deans of medical schools of the country tell you that the quality of work being done by the students is deteriorating very rapidly. We need more mature men in medicine and three years is not long enough. Cutting the pre-medical education as drastically as it has been cut is a catastrophe.

In any discussion of the program for young men who wish to enter medical school, we should consider a reduction in the earlier education of a student in order that he may have the proper period of pre-medical and medical education.

The question of returning to the four-year basis may be more difficult in some schools than appears on the surface. It must be realized that when four years were given in three, the schools received revenue equivalent to four years' tuition in three. This revenue has assisted the schools in expanding their teaching programs. To go back again is not going to be easy for some schools. Because of this, some schools may try to cling to the compressed three-year course.

There is little question but that the internship will return to the one-year schedule. The present nine-month internship is not sufficient to round out the under-graduate period, and everyone agrees that the educational opportunities afforded by a nine-month internship are nihil. The student may be acquiring a technical knowledge, but we are not giving him the time to contemplate, to read, or to study his patients, that he should have. The war emergency is the only justification for this reduction in his education.

Educators are giving serious attention to the development of a more positive program of medical education. Medicine of the future will spend more time in the recognition of abnormal physiology than on the recognition of gross pathology.

And now to post-graduate and graduate education: There is no question but that we should make available all possible educational opportunities for physicians that return from service, but in so doing we should not destroy their opportunities to practice good medicine in the future by developing more specialists than the country can absorb.

The rapid growth of the specialty boards and the realization that in the field of the specialties there is still place for well-trained men, has swept the country. However, there is a real danger of developing opportunities for the training of specialists beyond the country's needs, and so I would caution any insti-

* Presented before the 178th Annual Meeting, The Medical Society of New Jersey, General Session, Tuesday, April 25, 1944.

tution that is embarking on a program of graduate education, to be sure that there is need for the men so trained.

Today, approximately 20 per cent of the medical profession limit their practice to special fields, and yet just prior to the war, if you discussed the problem with students, between 75 and 80 per cent of them hoped and planned to enter special fields of medicine. It would be a calamity if there were two specialists where only one specialist is needed; and so, for the good of the individual physician and the patient, we should not make too many residencies available.

Today, the Specialty Boards fail from 15 to 40 per cent of the physicians that appear before them. It is unfair of us to offer a residency to a man if, at the end of three years, he fails his specialty board because of inadequate preparation. Too few hospitals are able to offer him adequate training in physiology, anatomy, pathology, biochemistry, physics, etc. A hospital may have excellent residencies for three men in general surgery, but if it attempts to expand the program and accepts six men, it is possible none of the six will get the quality of training that they should have.

Hospitals should not offer internships unless they can develop good ones; students will not be available to fill poor internships.

In the period after the war, the hospital that will want interns but cannot offer them an educational program should replace interns with paid house officers (physicians who have completed their internships). Pay these men to do the type of work wanted. Pay them adequately. One such man, well trained, will do the work of two interns, therefore, pay him the equivalent in salary and maintenance of two interns. The hospital will have much more satisfactory service.

When it comes to post-graduate education, the problem is a different one. Opportunities for post-graduate education should be made available to every physician returning from the Armed Forces. The country certainly owes these returned veterans an opportunity to brush up in their respective fields of practice in order that they may best serve the public. It is to be hoped that this large-scale post-graduate education may lead to a better and more complete system of post-graduate education for all physicians.

The rapidity of advance in medical science makes the need for adequate post-graduate education more imperative than ever before.

QUESTIONS AND ANSWERS

DR. BUERKI

QUESTION: One of our members offers to prove that no physician is eligible for his specialty boards until he is thirty-seven, and ends with: "What is the cost of all this? Is it worth it?"

ANSWER: If he were correct, I would think we could junk the whole plan. The truth is—from the standpoint of compensation—that a specialist's income is approximately twice that of the general practitioner, so there is a monetary incentive to study. Actually, these figures are not correct. Many educators feel that in this country we waste too much time in high school, but today the average person finishes high school at eighteen, graduates from college at twenty-two, from medicine at twenty-six, at the end of a one-year internship he is twenty-seven, and he will then finish a three-year residency at thirty.

QUESTION: Don't you think we should develop more good general practitioners rather than specialists, particularly from men inducted into the Armed Services before completing their internship?

ANSWER: Yes, decidedly so. Today, the general practitioner feels that he is the forgotten man, in spite of the fact that we talk so much about him and his place in the field of practice. His place is there and as vital as it ever was, but somehow, he feels lost in the shuffle.

QUESTION: Do you think that if a specialty board for general practitioners were set up on an equal basis with the specialty boards, it would encourage young physicians to enter general practice rather than to specialize?

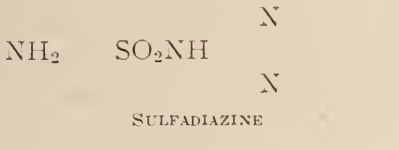
ANSWER: I am heartily in accord with this suggestion. I have tried to persuade the National Board of Medical Examiners to set up such a Board, the Board to be made up of internists, and obstetricians, and a man in general surgery. The Board would examine men ten years out of school, not on the things that the physician had in college, but things that have happened since; in other words, has he kept up? Is he a safe family doctor? He would be certified as a family specialist. If that were done, I believe you could put back into family practice a dignity that has been lost.

NEWER ASPECTS OF CHEMOTHERAPY*

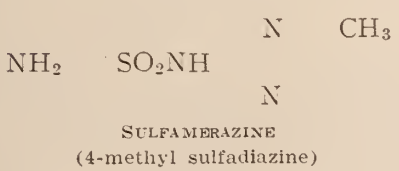
By Benjamin W. Carey, B.S., M.D.
Director, Lederle Laboratories, Inc., Pearl River, N. Y.

NEW SULFONAMIDES AND RELATED SUBSTANCES

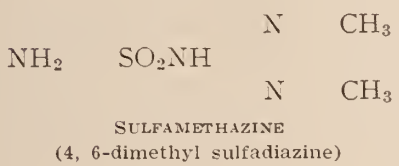
Among the many heterocyclic sulfonamide derivatives which have been developed in our effort to improve and expand the scope of activity of chemotherapeutic agents, some of the most promising substances are closely related to sulfadiazine. These are:



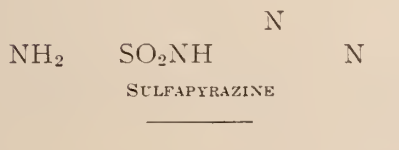
SULFADIAZINE



SULFAMERAZINE
(4-methyl sulfadiazine)



SULFAMETHAZINE
(4, 6-dimethyl sulfadiazine)



SULFAPYRAZINE

SULFAMERAZINE

Sulfamerazine is the 4-methyl derivative of sulfadiazine. Synthesis of the drug was reported in 1940 by Roblin and associates and others have reported studies on this and other pyrimidine derivatives of sulfanilamide. The drug is slightly soluble in water and the common organic solvents. Its sodium salt is soluble in water and may be used parenterally to obtain desirable blood concentrations quickly.

Early experimental and clinical evidence appears to indicate that sulfamerazine is about as effective as other sulfonamides in the treatment of pneumococcal, meningococcal and hemolytic streptococcal infections.

Pharmacology—Sulfamerazine is rapidly absorbed from the gastro-intestinal tract, producing a sustained, high blood concentration with a smaller dose than is the case with sulfadiazine. It is excreted slowly by the kidneys, thus suggesting the possibility of maintaining effective blood levels by means of smaller or less frequent doses. Both free and the acetylated sulfamerazine are more soluble in neutral or acid urine than the corresponding sulfadiazine analogue. Acetylsulfamerazine is more soluble than sulfamerazine in acid urine, and the concentration of acetylated drug in the blood tends to remain low. Substantial concentrations of sulfamerazine appear in the cerebrospinal fluid.

Toxicity—Experimentally, it has been found that the toxicity of sulfamerazine is comparable to that of sulfadiazine when the blood levels are equal. The available clinical evidence indicates that the toxicities of sulfadiazine and sulfamerazine are closely similar. To reduce the danger of renal complications it has been suggested that enough sodium bicarbonate be given to maintain a urinary pH of 7.5 or more, at the same time giving sufficient fluids to maintain an adequate urinary output.

Clinical Use—On the basis of several hundred published cases and a large number of communications it appears that sulfamerazine is about as active as sulfadiazine against infections due to pneumococci, meningococci and hemolytic streptococci. Satisfactory results have been reported in acute gonococcal urethritis in the male and in colon bacillus infections. The drug appears to have some effect against infection caused by type B influenza bacilli, but has been found less effective than sulfathiazole in the treatment of staphylococcal sepsis. Sulfamerazine may be found useful in the treatment of lymphogranuloma venereum, since it has been shown to protect mice against this virus.

* Read at the 178th Annual Meeting of The Medical Society of New Jersey, Section on Pediatrics, April 26, 1944.

Administration and Dosage—The following dosage schedule may be offered as a useful guide to the administration of sulfamerazine.

TABLE I

ORAL DOSAGE

Acute Pneumococcal, Meningococcal and Streptococcal Infections

(Desirable Blood Concentration, 10 to 15 mg./100 cc.)

	Initial Dose (Gm.)	Maintenance Dose (Gm.)
Infants under 6 months	0.5	0.25 every 12 hours
6 months to 3 years	1.0	0.5 every 12 hours
3 to 10 years	1.5	1.0 every 12 hours
Older children & adults	3–4	1.0 every 8 hours

In very severe infections, the dose may be increased by 50%.

INTRAVENOUS DOSAGE

Five per cent (5%) of sodium sulfamerazine, given at the dosage rate of 0.05 Gm. of drug per kilogram of body weight is expected to establish rapidly a blood level of approximately 15 to 20 mg./100 cc. Oral maintenance therapy should be started immediately after completion of the intravenous injection. If oral therapy is not possible, a second intravenous dose of 0.05 Gm./Kg. may be given 12 hours after the initial injection.

SULFAMETHAZINE

Sulfamethazine is a dimethyl derivative of sulfadiazine, and was described in 1941 by Caldwell, Kornfeld and Donnell. Early studies of this drug were made largely in Great Britain, and it appears that its antibacterial activity is similar to that of sulfadiazine and sulfamerazine. It differs somewhat from these in that both the free drug and the acetylated drug are more soluble in acid urine. Sulfamethazine appears to be more rapidly excreted than sulfamerazine, and is acetylated to a much greater degree than is sulfadiazine or sulfamerazine. Because of this feature, and because its absorption appears to be very irregular, Dowling considers the drug is less likely to find a wide utility than is sulfamerazine.

In general, high blood levels are obtained soon after administration of sulfamethazine, indicating rapid absorption. However, the decline in blood levels is more rapid than is the case with sulfamerazine; hence, the drug must be given at more frequent intervals. Preliminary studies indicate that substantial concentrations of sulfamethazine occur in the various tissues and tissue fluids.

As regards toxicity, sulfamethazine appears to be on a footing with sulfamerazine and sulfadiazine. It is interesting to note that both the monomethyl and dimethyl derivative of sulfadiazine appear to be free of neurotoxic action in man and poultry—a feature which requires consideration when it is recalled that sulfamethylthiazole was apt to cause peripheral neuritis.

Successful therapeutic results have been reported in pneumococcal infections in children and in adults, in meningococcal meningitis and in gonorrhea of the male. The suggested dosage schedules appear to correspond to those advocated for sulfadiazine.

SULFAPYRAZINE

Sulfapyrazine is the para-isomer of sulfadiazine, described by Ellingson in 1941.

In the human body, the behavior of sulfapyrazine closely resembles that of sulfadiazine. It is absorbed slowly from the gastrointestinal tract, and is excreted more slowly by the kidney than is sulfadiazine. Blood levels are generally lower than in the case of sulfadiazine, but fairly uniform blood concentrations are achieved. Sulfapyrazine reaches high cerebrospinal fluid levels, but this occurs slowly, even after intravenous administration of the sodium salt. A large proportion of the drug becomes conjugated, especially that found in the urine. Acetylsulfapyridine is more soluble in urine than the free drug.

Sulfapyrazine is capable of giving rise to the same type of toxic manifestations which are encountered with sulfadiazine therapy; the observations available at present indicate that it is no more toxic than sulfadiazine.

The drug has been found effective in the treatment of pneumococcal infections. In a clinical trial on a series of 236 infants and children with various infectious diseases, Barnett, et al., obtained satisfactory results in lobar pneumonia, meningocccal meningitis, erysipelas or erysipeloid infection, bacillary dysentary and pyelitis. The drug proved no better than other sulfonamide drugs in severe staphylococcal infections, influenzal meningitis,

or tuberculous meningitis. A curious feature was the low blood levels which occurred particularly in patients under two years of age following oral therapy.

Dosage suggestions for sulfapyrazine have corresponded to those recommended for sulfadiazine.

PHTHALYLSULFATHIAZOLE

This drug is the phthalyl analogue of succinylsulfathiazole (sulfasuxidine), and its action resembles that of the latter drug, and to a certain extent, sulfaguanidine. Phthalylsulfathiazole maintains low blood levels and high concentrations in the lower intestinal tract. It has been found effective in reducing the intestinal coliform count, and to be relatively nontoxic. Adequate clinical evidence as to its possible value in dysenteric infection is as yet unavailable.

Recently, colloidal silver preparations of sulfonamides have been proposed for use, chiefly in the fields of urology and otolaryngology. Iodine-containing sulfonamides have been described as possibly useful against spore-forming bacteria such as tetanus, gas gangrene and anthrax bacilli. Neither type of drug has been studied sufficiently to merit more than passing comment.

SULFONES

Sulfones represent a class of chemical compounds which are closely related to sulfonamides, but differ from the latter in that the sulfur is linked not to an amido nitrogen, but to an organic radical. They have long been known to be effective antibacterial agents, but most compounds have been found too toxic for application to human medicine.

Promin (sodium p,p'-diaminodiphenylsulfone-N'N-di-(dextrose sulfonate), which has shown some effectiveness in infections due to hemolytic streptococci, pneumococci, gonococci and other infections, has aroused considerable interest because of promising results obtained in experimental tuberculosis.

Clinical studies are more difficult to assess because of the various manifestations of tuberculous infection and the different criteria used for control of observations. The drug has been used perorally, parenterally, by inhalation of nebulized suspensions, and by local application in the form of a jelly, the last in local tuberculous abscesses.

The results in the pulmonary forms of tuberculosis have been equivocal, and the drug appears at present to be contraindicated in advanced and fulminating tuberculosis. Apparently the most promising results have been observed in lupus and tuberculous sinusitis and adenitis, following parenteral therapy in the first-named condition, and the local application of promin jelly in the infected sinuses. It is too early as yet to evaluate the efficacy of promin in tuberculous infections.

The similarity of the leprosy bacillus to the tubercle bacillus has prompted studies on experimental and clinical leprosy. Some evidence has been adduced which indicates that the early phase of the lepromatous type of infection may respond to the drug.

One important disadvantage of promin therapy is the relatively frequent occurrence of hemolytic anemia. Newer derivatives of sulfones have been studied recently. Sodium-4'4-diaminodiphenylsulfone - 2 - acetylsulfonamide has been used by mouth in leprosy with some promise and appears to be less toxic than promin by the oral route.

Diasone, disodium formaldehyde sulfoxylate diaminodiphenylsulfone, has been found to be less toxic than promin, and promising in experimental tuberculosis.

More recently, promizole, 4,2'-diaminophenyl-5'-thiazolesulfone, has been proposed as a relatively safe chemotherapeutic agent for use in tuberculosis. Suggestive experimental and clinical results have been observed in preliminary trials and Keith has reported its use in an instance of tuberculous meningitis in a two-year-old boy, with recovery.

ANTIBIOTICS

A large and growing group of substances, derived chiefly from microörganisms or their metabolic products, has recently become highly popularized. At present, two types of antibiotics are in extensive use; those obtained from mold-like fungi and those obtained from bacteria. The best known members of these

groups are penicillin, derived from the mold *Penicillium notatum,* and tyrothricin (sometimes used in the more purified form of gramicidin), derived from a soil bacterium, *Bacillus brevis.*

PENICILLIN

In 1929, Fleming observed that a mold, later found to be *Penicillium notatum,* produced a substance which inhibited the growth of staphylococci, streptococci, gonococci and Corynebacterium diphtheriae. Its lack of action against bacteria of the colon-typhoid-proteus groups and especially against the pertussis bacillus suggested its use for the inhibition of contaminating microörganisms in the isolation of these bacteria, particularly for cough plate cultures. Since 1940, penicillin has been found highly useful against a variety of infectious diseases and has captured popular fancy as a wonder drug.

It is to be noted that penicillin is not available in pure form, and its activity is expressed in terms of biological units rather than weight of material. The unit is based on the antibacterial (usually antistaphylococcic) activity of the substance under standard conditions. Tests have indicated that the more highly purified material is extremely well tolerated, doses of over 3 Gm./Kg., given subcutaneously, being required to cause occasional fatalities in mice.

Penicillin has been shown to be poorly absorbed if given by mouth because of inactivation by the gastric acids; or if given by rectum, because of inactivation by the feces. It is rapidly absorbed if given intraduodenally. It is rapidly absorbed after intravenous and intramuscular administration, more slowly after subcutaneous administration.

Penicillin is slowly absorbed and slowly excreted in the urine following intrathecal injection. After intravenous injection, there occurs an initial high blood concentration of penicillin, followed by an abrupt fall. About 60% is excreted in the urine, the rest apparently being inactivated in the tissues. There is evidence of excretion by the liver, since it is found in significant concentration in the bile.

In general, the rate of excretion roughly parallels the rate of absorption. However, in the presence of renal failure, urinary excretion is slow and as a result higher blood levels are maintained. Penicillin penetrates poorly red blood cells, spinal fluid, saliva or tears following intravenous injection.

The intrathecal injection of penicillin presents several interesting features. Although slowly absorbed from the intrathecal space in normal individuals, in patients with meningitis absorption is fairly rapid. There is evidence, too, that intrathecal doses which are irritating to normal individuals are tolerated by meningitis patients.

Preliminary studies indicate that penicillin solutions are effective when applied locally to infected wounds and burns, and as irrigations to mucous membranes and to the middle ear and accessory nasal sinuses. The drug has been found especially valuable in infections due to pneumococci, gonococci and other microörganisms which are sulfonamide fast. However, it is important to note that penicillin fastness may also be encountered. On the other hand, in contrast to sulfonamides, the activity of penicillin is not markedly affected by the size of the bacterial inoculum or the presence of the products of tissue break-down.

Administration and Dosage—Penicillin is supplied in ampules containing the dry powder in amounts stipulated in terms of units (5,000, 10,000, 25,000, etc.). It is extremely soluble and may be dissolved readily in pyrogen-free sterile distilled water, isotonic saline or 5% dextrose solution. Only freshly prepared solutions may be used.

For intravenous injection, the substance may be dissolved in sterile saline in concentrations of 1,000 to 5,000 units per cc. If the continuous drip method is used the dilution may be increased to 25 to 50 units per cc. and given at a rate to provide 5,000 to 10,000 units per hour. For intramuscular injection the total volume of injection should be small (5,000 units in a cc. of isotonic saline). For topical application, the powdered form of the sodium salt is available, but should not be used undiluted as it is irritating to wound surfaces. A concentration of 250 to 500 units per cc. has been found satisfactory.

In serious infection the dosage may be as

follows: Initial dose, 15,000 to 20,000 units, followed by injections of 5,000 units injected every hour until the temperature has returned to normal, then half that dose may be used, to be continued for at least seven days after the temperature is normal.

These are preliminary recommendations and may be modified as experience dictates.

Indications—Penicillin has been found effective in infections due to streptococci other than bacterial endocarditis; staphylococci, meningococci, pneumococci and gonococci. Recent reports indicate its value in syphilitic infections. There is some experimental and clinical evidence that the drug may be useful in infection due to gas gangrene bacteria.

Toxicity—Reactions such as chills and fever, urticaria, thrombophlebitis at the injection site, headache, flushing of the face, muscular pains, abdominal cramps and transient azotemia have been described. Severe reactions and sensitizations phenomena, except for urticaria, have been exceedingly rare.

PATULIN

Patulin, a derivative of filtrates from cultures of *Penicillium patulum* Bainier, has been developed in Great Britain, and proposed for use in the control of the common cold. It is too early to assess the value of the drug in this condition, or in the control of secondary invaders. However, it is of interest to us that the chemical nature of this material appears to have been established, and its synthesis is now undoubtedly possible. The extent to which this compound will help make it possible to attack the subject of the ultimate synthesis of penicillin, or of new classes of chemotherapeutic agents only the future can decide.

TYROTHRICIN

Tyrothricin is derived from a spore-forming soil bacterium, Bacillus brevis, isolated and studied by Dubos in 1939. Because of its activity against a number of gram-positive microorganisms, it has been given the name gramicidin. Subsequently tyrothricin was separated into two crystalline fractions—gramicidin and tyrocidine. There has resulted some confusion, the germ gramicidin sometimes being used (correctly) to designate the fraction, and sometimes interchangeably with the term "tyrothricin". Gramicidin comprises only 15% to 20% of tyrothricin, the remainder being tyrocidine. Both are polypeptides. Tyrocidine has been found to be hemolytic and bactericidal *in vitro* for gram-positive and some gram-negative microörganisms, but fairly large amounts are required to protect experimentally infected laboratory mice. Gramicidin is highly inhibitory to the growth of gram-positive organisms only, and is not hemolytic. Small amounts (1 to 5 micrograms) suffice to protect mice against a lethal pneumococcic infection. Experimentally, infections due to streptococci and staphylococci have responded to tyrothicin therapy. There have been many trials of the material in veterinary medicine, especially for bovine mastitis, with moderate success.

In clinical trials, tyrothricin has been used chiefly by way of local application and instillation into body cavities including empyema cavities, paranasal sinuses, the urinary bladder and mastoid sinus. Local applications have been used in cases of ulcers of various types, otolaryngologic infections and wounds. In some instances, wounds have been packed with gauze saturated with a tyrothricin suspension. The amount of a single application ranged from 1 to 100 mg. The concentration of the suspension has varied from 0.1 to 2 mg. per cc. of 95% alcohol.

Infections due to pneumococci and hemolytic streptococci responded most readily, those due to *Streptococcus faecalis* less readily. Staphylococci require larger doses, and appear to develop resistance to tyrothricin therapy. No serious toxic effects have been noted in the cases described, but it must be emphasized that caution should be exercised when tyrothricin is injected into closed body cavities, since it has been shown in animal studies that large amounts of tyrothricin injected into the pleural cavity caused adhesions and damage to the underlying parenchyma of the lung. Also, large amounts should not be instilled into the nasal cavities, since small amounts may reach the lungs and cause a serious local reaction.

Tyrothricin has been found to be relatively free of toxic effects in animals following oral

administration, but toxic effects and even fatal results have been observed following intravenous or other parenteral administration. Oral or parenteral administration is not advised for clinical consideration, so these effects do not concern us at this time. In fact, clinical use of this material has many drawbacks and few advantages over other materials available to us. Its use is, therefore, not generally recommended.

OTHER ANTIBIOTICS

Many dozens of antibiotic substances have been described. Some of them have been isolated and their chemical nature determined. Parts of some have even been prepared synthetically. Microörganisms which have yielded antibiotic substances range from streptococci through Pseudomonas and various other bacteria to a variety of molds, especially aspergillus and actinomyces.

OTHER ANTIMICROBIAL SUBSTANCES

Recently there has come to our attention work done in the Soviet Union on the activity of volatile oils of plants such as onion and garlic against bacteria, protozoa and yeasts. Exposure of infected wounds to these essential volatile oils was found to be effective in controlling the infection. The volatile oils lose their antimicrobial effect very shortly after exposure of onion or garlic paste, which therefore must be freshly prepared. The paste itself was not brought into contact with the wounds. It was also suggested that orange and tomato juice may be sources of antimicrobial substances designated "phytoncides" by the authors.

In Great Britain, Osborn described studies of 2,300 species of plants, belonging to 166 different families, for substances active against bacteria. Of these, 63 genera of plants were found to contain substances which inhibit the growth of Staph. aureus or B. coli, or both.

The discovery of antibacterial substances in plants is not new; nor is the discovery of the activity of molds or their derivatives. The literature describing these materials cites earlier studies going back many years. What is relatively new is our organized, systematic development and evaluation of these substances.

Perhaps, as has been suggested, an extract from the earthworm may eventually be found useful against the tubercle bacillus. It is known that this animal effectively destroys the tubercle bacillus after experimental inoculation.

SUMMARY AND CONCLUSIONS

Some recent developments in chemotherapy have been reviewed. New derivatives in the sulfonamide and the sulfone series have been described. A striking commentary on the rapid strides taken in the field of chemotherapy may be made when it is considered that drugs like sulfathiazole, sulfadiazine (sulfaguanidine) and succinylsulfathiazole, all of them developed within the past five years, have become so familiar to us that it would seem odd to describe them as new. The newer sulfonamides and sulfones described here have, in most instances, been studied insufficiently and cannot be assessed at the present time. The properties of some suggest that they may become useful adjuncts to therapy.

The antibiotics and related substances bid fair to assume great importance in our attack on infectious diseases. Penicillin, in particular, appears to give promise of becoming one of the most effective drugs in the medical armamentarium. It is unfortunate that the requirements of our armed forces for this material make it difficult, for the present, to secure an adequate supply for our civilian needs. However, it is hoped that, with expanding production facilities, it will be soon possible to make this material available generally, and thus enable us more completely to assess its usefulness.

The future of chemotherapy may take directions not anticipated as yet. It appears a useful device to take stock of the present status of chemotherapy as the probable root stock of future developments.

STATE ACTIVITIES

BOARD OF TRUSTEES' MEETINGS

The reorganization meeting of the Board of Trustees was held on Thursday, April 27, 1944, at the Hotel Claridge in Atlantic City.

ELECTION

Dr. James F. Norton was unanimously elected Chairman of the Board for 1944-45.

Dr. Aldrich C. Crowe was unanimously re-elected Secretary of the Board for 1944-45.

The first regular meeting of the Board of Trustees was held on Sunday, June 4, 1944, in the Executive Offices, Trenton.

The minutes of the meetings held in Atlantic City on April 24 and April 27, and the reorganization meeting of April 27, were approved.

COMMITTEE TO STUDY SMALL PRIVATE HOSPITALS

President Londrigan announced the appointment of Dr. Thomas B. Lee, Chairman; Dr. James F. Norton and Dr. James H. Mason as a committee to meet with representatives of the State Department of Institutions and Agencies to discuss the status of small private hospitals in New Jersey.

COMMITTEE TO STUDY MASS X-RAYING IN INDUSTRY

President Londrigan announced the appointment of Dr. J. Howard Hornberger, Chairman; Dr. William F. Costello, Dr. David W. Green, and Dr. Ralph K. Hollinshed, Adviser, as a committee to study the problem of mass x-raying in industry. This matter was referred back to the Trustees for study by the House of Delegates.

COMMITTEE ON TROPICAL DISEASES

President Londrigan stated the appointment of a Committee on Tropical Diseases would be held in abeyance until he could learn who had made a study of the subject; it appears that those physicians in New Jersey who have a special interest in tropical diseases are now in Service.

NOMINEES FOR MEDICAL-SURGICAL PLAN BOARD

Recommendations from County Societies for membership on the Medical-Surgical Plan Board, which is to be increased to twelve members, with at least one representative from each Judicial District, were considered and the following approved:

1st District—Dr. Elmer P. Weigel
2nd District—Dr. William K. Harryman
4th District—Dr. William E. Dodd
5th District—Dr. Theo. H. Boysen

MEDICAL SOCIETY SEAL

The Middlesex County Medical Society was granted permission to use the State Society Seal on a presentation to the members of the Middlesex County Society who have been in practice for fifty years or more.

LETTER FROM REHABILITATION COMMISSION

A letter from the Director of the Rehabilitation Commission requesting the recommendation of physicians for appointment to the Professional Advisory Committee of the New Jersey Rehabilitation Commission was left in the hands of the President with power to act. The communication requested that specialties of medicine important in rehabilitation, such as orthopedics, tuberculosis, psychiatry, ophthalmology, otology, etc., be represented.

LETTER FROM SELECTIVE SERVICE

A communication from Selective Service requested the assistance of the medical profession in the Veterans Assistance Program for determining in certain cases whether a veteran needs medical attention before seeking employment. This matter was left in the hands of the Officers of the Society, with power to act, after consultation with the proper committees of the Welfare Committee. It was ordered that acknowledgment of the communication be made stating that the Medical Society is willing to coöperate in any reasonable plan.

PERMANENT HOME FOR THE SOCIETY

The President was authorized to appoint a continuing committee for the purpose of studying the question of a permanent home for the State Society.

SOCIAL SECURITY COMMITTEE

The Special Committee on Social Security was continued for another year with the same committees represented. Dr. James F. Norton,

as Chairman of the Board of Trustees, was made a member of the committee and appointed its Chairman.

RECOMMENDATIONS FROM THE HOUSE OF DELEGATES

1. To effect a closer liaison between the Board of Trustees and the Welfare Committee, the secretary of the Welfare Committee is requested to furnish the Trustees with a synopsis of the activities of the Committee, with special stress on matters referred to the Board by the Committee; copies to be sent to the President and Chairman of the Board.

2. The increased budget for 1944-45 of $64,349, allowing an additional allotment of $1,000 to the Legislative Committee for salary purpose, making the total Legislative budget $4,800, was approved.

3. The recommendation that proper recognition be given to the Osteopathic Society of New Jersey for their help in opposing the chiropractic bills was tabled.

4. The President was authorized to appoint a committee to study the matters involved in the recommendations of the Medical Practice Committee, relative to corporate practice of medicine, and report back to the Trustees.

5. The recommendation of the Public Health Committee, relative to County Society headquarters and their maintenance, was referred to the Social Security Committee without comment.

6. Relative to the recommendation from the Committee on Distribution of Medical Care that the matter of refugee physicians in New Jersey be investigated, Dr. Schaaf stated that such a survey has been made and copies would be supplied to the Executive Offices and to the Chairman of the Committee on Distribution of Medical Care.

7. President Londrigan was instructed to write a letter not less than twice a year to the members in Service, telling them of the activities of the State Society and what is being done to preserve the practice of medicine.

APPOINTMENTS

1. Dr. Henry A. Davidson was reappointed Editor (without salary) on leave of absence in the service of the A. U. S. for one year, effective June 1, 1944.

2. Dr. Norman M. Scott was reappointed Executive Assistant, on loan as Medical Director to the Medical Service Administration, for a period of one year, effective June 1, 1944, on the same salary arrangements as now exist.

3. Dr. Frederic J. Quigley was reappointed Executive Secretary to the Legislative Committee for one year, effective June 1, 1944, at the prevailing salary and expense account arrangements.

MEDICAL-SURGICAL PLAN CONTRACTS

The new contracts for the Medical-Surgical Plan, revised in accordance with the recent amendments to the enabling act, were approved.

TRIBUTE TO DR. LONDRIGAN

Formal recognition was paid President Londrigan for the great amount of work done in the consummation of the new provisions of the Medical-Surgical Plan to the satisfaction of the County Societies which were formerly opposed to the Plan.

RECOGNITION TO MRS. MADDEN

Formal recognition was paid Mrs. Edith L. Madden, Acting Executive Officer, for her excellent work in connection with the Annual Meeting and the preparation of the recommendations of the House of Delegates to the Board of Trustees.

REPORT OF FINANCE AND BUDGET COMMITTEE

Dr. North reported a net profit from the Annual Meeting of $866.19.

In the absence of Dr. Young, Treasurer, the Board approved the request of Dr. North to change a U. S. Treasury Bond into a Series G War Bond.

INTERNE TRAINING

The request of Dr. Schlichter for a committee to act in liaison with the Board of Medical Examiners on the problem of interne training in New Jersey was referred to the President for appointment.

Aldrich C. Crowe, M.D.,
Secretary.

DO WE (LABOR) WANT NATIONAL HEALTH INSURANCE?

The Fourteenth Annual Institute of Labor was held at Rutgers University on June 7-8-9, 1944. On June 9th the Institute conducted a forum on "Do We Want National Health Insurance?" The affirmative was presented by Michael M. Davis, P.H.D., of New York City. The viewpoint of the medical profession was presented by Dr. Norman M. Scott.

The biography of Dr. Davis, as presented in the publicity of the Institute, was as fol-

lows: "National authority on health insurance, and reputed to be the man who wrote most of the social legislation implemented in the Murray-Wagner-Dingell Bill, now before Congress. A tireless advocate of health insurance and group medical practice. Chairman of Committee on Research and Medical Economics. Editor of 'Medical Care'. Author of numerous books dealing with health study."

Dr. Scott's introductory remarks before the Forum are presented here, particularly for the information of our members now in service as an example of the public relations work being carried on to protect the future welfare of the profession. Dr. Scott's introductory statement was as follows:

"Ladies and Gentlemen of the Fourteenth Annual Labor Institute: I deem it a real privilege to meet with you, and to discuss with Dr. Davis the subject 'Does Labor Want National Health Insurance?', as part of the general theme of your Session—'Labor Looks Ahead'.

"As we, the people of America, look ahead we perceive a new world emerging from the debris of a great destructive war. This new world will present many problems which will challenge our democratic form of government, and our ability to adjust ourselves to inevitable social and economic reforms.

"As we plan for this new world we must develop a deep understanding of these great problems, a greater unity of purpose, and a firm determination to meet this challenge, and at the same time maintain all the liberties guaranteed free men under our democratic form of government. In protecting this great heritage and in planning a future world of opportunity for our children we must, in the words of Edward Everett in his famous oration on liberty 'resolve that our children shall have cause to bless the memory of their fathers, as we have to bless the memory of ours'.

"We cannot successfully plan for the future without analyzing the past and without retaining for the future the basic factors upon which our progressive success has been based.

"In accordance with these introductory remarks, I would like to present the physician's point of view in approaching a solution for the medical phase of a program to provide greater social security for our people.

"As he analyzes the present situation the physician sees an America in which by far the majority of our people are enjoying the highest standards of life ever enjoyed by any people—the highest standards of housing, food, clothing, recreation and mental contentment—the essential factors in maintaining a healthy nation. The physician appreciates that these standards have been attained through the combined initiative and private enterprise of many individuals and many organizations with a minimum of control by a liberal, decentralized form of democratic government.

"These high standards have been evolved gradually over a period of many years. Scientific advancement and industrial expansion have added countless refinements to our methods of living, which have replaced the crude, simple facilities which satisfied our ancestors, and which they provided for themselves as part of their responsibility to provide for their own welfare. The effort of the individual to maintain these standards has made life more complicated, more difficult and more competitive. Many people, particularly in poorer parts of our country, and during periods of economic depression have been unable to maintain adequate standards of living for themselves and families. Other people, because of social or physical handicaps, are unable to provide adequate standards for themselves under any condition. These difficulties have resulted in gradual changes in the social and political philosophy of many people, and in the evolution of new social concepts and new political theories. These new concepts and theories would shift the responsibility for the welfare of the individual from a basis upon which the individual is responsible for his own welfare, more and more to a basis upon which government assumes responsibility for the welfare of the individual. This overall problem is obviously not a medical problem. It is an economic problem. It is a problem for the people as a whole to determine how far this present socio-political trend is necessary in solving this economic problem, or should be allowed to extend for the best interest of our people.

"If the medical profession is to become adjusted to the medical phase of a social security program, certain fundamentals must be recognized.

"The outstanding success of American medicine has been very largely due to the freedom of the physician as an individual. In his daily life he must act, and assume his professional responsibilities, as an individual. He must always deal with individuals and with disease as it affects the individual. His success, and the standards of medical care he maintains in his practice depend upon his individuality, his individual effort and enterprise. His relationship with his patients is frequently of a most personal and confidential nature which cannot be adequate if altered by any form of coercion or compulsion. In his thinking he is conservative and analytical. He responds only to a conser-

vative, intelligent type of leadership and is hesitant to adopt any line of procedure until its worth has been determined by experience. Ordinarily, he has a high sense of civic obligation, is a strong supporter of community effort and would be opposed to any program under which a strong centralized form of government might dominate or unduly control local effort or local government.

"This line of thought concerning some of the inherent characteristics of a successful physician indicates the logic and fundamentals upon which a successful program might be based. The principles of such a program, therefore, would include—

"1. Personal freedom of the physician as an individual.
2. Non-interference with the relationship between the patient and physician.
3. Leadership and control of the program within the profession.
4. Development of the program within the framework of our present system of medical practice, so designed as to meet local needs.
5. In meeting local needs the adequate care of the indigent, the medically indigent and of those persons unable to provide adequate care for themselves during periods of unemployment would be a responsibility of local government through a program subsidized by tax funds.

"In accordance with the above principles, The Medical Society of New Jersey has organized two non-profit medical service corporations as administrative agencies to improve the distribution of medical care.

"Medical Service Administration of New Jersey studies the needs of the indigent and medically indigent groups and provides medical care plans to assure them adequate medical care. It operates The Farm Security Administration Medical Plan, sponsored by the Federal Department of Agriculture to meet the needs of low income farm families. It operates the City of Newark Medical Plan, sponsored by the City of Newark to fill the medical needs of the indigent and medically indigent people of Newark.

"Medical-Surgical Plan of New Jersey, operating on a voluntary, prepayment insurance basis, was organized to meet the expressed need of employed, self-supporting persons and their family dependents. Through its 3,000 participating physicians it provides complete payment for medical, surgical and maternity services rendered to persons of average income who are admitted to hospitals for treatment.

"This Plan has been operating for over eighteen months. It is entirely self-supporting and from its earned income it has paid all claims for medical care 100 per cent in accordance with its pre-determined schedule of benefits. During the month of May it incurred $11,700 in claims for medical care rendered its 22,000 members.

"This Plan is young and evolutionary. It does promote the social security of individuals with modest incomes during times of stress. It is a means by which they may maintain their own welfare and the welfare of their dependents as independent, self-respecting and self-supporting individuals.

"It offers an opportunity for labor, industry and medicine through coördinated effort to provide freedom from the financial fear caused by catastrophic illnesses among employed persons. It should have a special appeal to organized labor which has fought so long and hard to maintain the self respect, dignity and independence of its members. By such coöperative effort we can meet this challenge, maintain the dignity and self respect of the individual and the medical profession, and maintain the high standards of health and medical care already established in this country."

SUPPLEMENTARY LIST OF MEMBERS NO. 3

TO THE OFFICIAL LIST, MARCH 15, 1944

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Black, LeRoy W., 33 W. Passaic av., Rutherford (2)
Christensen, Osborne D., 315 Terrace av.,H'b'kHt.(2)
Davis, J. Stannard, 106 Jefferson av., Haddonf'd (4)
Gambill, Perry J., N. J. St. Hosp.,Greystone Pk.(14)
Hallett, Frederick S., 200 Passaic st., Hackens'k (2)
McLaughlin, Thomas F., 596 Main st.,Metuchen(12)
Monte, Thomas D., 16 Ledgewood av., Netcong (14)
Sandler, Moses, 2013 Center av., Fort Lee (2)
Wade, Francis A., 196 South st., Morristown (14)
Warne, Merna Mary, N. J. St.Hosp.,Gr'yst'nePk.(14)
Wilson, Isam E., 110 Chapel av., Merchantville (4)

NUTRITION IN EVERYDAY PRACTICE

S. WILLIAM KALB, M.D., Newark, N. J.

Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. *Why is pork hard to digest?* Pork is not hard to digest. It may remain in the stomach a little longer than most meats because it is fatter than they are. It is digested more rapidly than turkey, about the same time as chicken, and a little slower than beef or lamb.
2. *Why are white meats and chicken used for convalescents and invalids?* McCollum and Simmonds have conducted a number of experiments which prove that there is no evidence to support this view.
3. *Can the growth of the fetus be influenced during pregnancy?* Yes. If the mother receives less than 75 gm. of protein per day in her diet during the latter half of pregnancy, the baby will be short and underweight.
4. *At what age should meat be included in the child's diet?* At 8 months, the child should receive crisp bacon and scraped beef. At 12 months, ground beef, chicken, lamb, or liver—boiled, broiled, or roasted, three times a week. At 18 months, meat or fish every day.
5. *Which animal meat contains the greatest amount of animo acids?* The muscle tissue, liver, heart and kidney of beef, veal, and pork all contain about the same amount of animo acids.
6. *Are the proteins in cereals as efficient nutrients as the animal proteins?* No. Murlin et al., showed that heat processing of cereals lowers the biologic value of the protein for man. Animal proteins have a better growth promoting value.
7. *Have potatoes any other nutritional value besides high carbohydrate content?* Potatoes have a fairly good amount of ascorbic acid and thiamin.
8. *Are any vitamins effective in nausea and vomiting of pregnancy?* Yes. Pyridoxine, 100 mg., intramuscularly three times a week. In severe cases 100 mg. daily for four days. Relief occurs in 24 to 48 hours.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ALTURE-WERBER, E. (Wallace Laboratories, New Brunswick)
Use of liver extract as an enrichment factor for the growth of gonococci. J. Bact. 47: 399-400, April 1944

BEN-ASHER, S. (Jersey City)
Endometriosis of the rectosigmoid; report of a case with a review of the literature. Am. J. Digest. Dis. 11: 141-143, May 1944

BERNHARD, MAJ. WILLIAM G. (Newark) (with Capt. Arthur C. Jordan)
Bilateral adrenal hemorrhage (Waterhouse-Friedericksen syndrome) associated with meningococcal septicemia. J. Lab. & Clin. Med. 29: 357-365, April 1944

EDELSON, DAVID (Neptune)
Staphylococcic thrombophlebitis of the cavernous sinus: report of a case, with recovery with chemotherapy and heparin. Arch. Ophthal. 31: 329-330, April 1944

EISENSTODT, LESTER W. (Newark)
Technic of secondary septal resection demonstrating regeneration of the nasal septal cartilage. The Laryngoscope, 54: 190-197, April 1944

FOSTER, J. W.—see Stokes, J. L.

FOSTER, R. H. K., Ph.D., M.D., and LUCILLE JENKINS, A.B. (Nutley)
Fate of polyvinyl alcohol introduced intraperitoneally in rats. Arch. Path. 37: 279-281, April 1944

GEIGER, WALTON B.—see Waksman, Selman A.

GERENDASY, J. (Elizabeth)
Importance of proctologic examinations with brief remarks on the pathogenesis of anorectal disease. J. M. Soc. New Jersey 41: 183-187, May 1944

GLASSER, CAPT. BENJAMIN F. (Plainfield), and RICHLIN, CAPT. PADIE (New Brunswick)
Scrape method of skin grafting. Am. J. Surgery, 64: 1, 131, April 1944

GRESH, JOSEPH T. (Union)
Chromic acid poisoning resulting from inhalation of mist developed from 5 per cent chromic acid solution. II. Engineering aspects of chromic acid poisoning from anodizing operations. J. Indus. Hyg. 26: 127-130, April 1944

Gunness, Marion—see Stokes, J. L.

Heath, R. G., and Florence Powdermaker (Gladstone
Use of ergotamine tartrate for "battle reaction". J. A. M. A., 125: 111-113, May 13, 1944

Jenkins, Lucille, A.B.—see Foster, R. H. K.

Johnson, Frank H., and Horace W. Schwarz (Princeton)
Carbohydrate utilization by hydrocarbon bacteria. J. Bact. 47: 373-378, April 1944

Jones, Helen P.—see Rake, Geoffrey

Kalb, S. William (Newark)
Nutrition in everyday practice. J. M. Soc. New Jersey, 41: 204, May 1944

Kessler, Henry H. (Newark)
Cineplastic amputations. S. Clin. North America, 24: 453-466, April 1944

Knight, C. A., Ph.D. (Rockefeller Inst., Princeton)
Titration of influenza virus in chick embryos. J. Exper. Med., 79: 487-495, May 1944

Kruger, Capt. Alfred L. (Jersey City)—with Lt. Col. A. W. Wallace, Maj. J. P. Medelman and Maj. S. B. Grimes
Primary atypical pneumonia simulating infiltrative pulmonary tuberculosis. Diseases of the Chest, 10: 3, 3-11, May-June 1944

McKee, Clara M.; Geoffrey Rake and A. E. O. Menzel (Squibb, New Brunswick)
Studies on penicillin. I. Production and antibiotic activity. J. Immunol., 48: 259-270, April 1944

Menzel, A. E. O.—see McKee, Clara M.

Peer, Lyndon (Newark)
Cartilage grafting. S. Clin. North America, 24: 404-419, April 1944

Powdermaker, Florence—see Heath, R. G.

Rake, Geoffrey, and Helen P. Jones (Squibb, New Brunswick)
Studies on lymphogranuloma venereum. II. The association of specific toxins with agents of the lymphogranuloma — psittacosis group. J. Exper. Med., 79: 463-485, May 1944

Rake, Geoffrey—see also McKee, Clara M.

Reilly, H. Christine—see Waksman, Selman A.

Richlin, Capt. Padie—see Glasser, Capt. Benjamin F.

Schwarz, Horace W.—see Johnson, Frank H.

Stokes, J. L.; Marion Gunness and J. W. Foster (Merck, Rahway)
Vitamin content of ingredients of microbiological culture media. J. Bact., 47: 293-299, March 1944

von Hofe, F. H. (East Orange)
Demonstrating ova of enterobius vermicularis. J. A. M. A., 125: 27, May 6, 1944

Waksman, Selman A., Ph.D. (Rutgers N. J. Agric. Exper. Sta., New Brunswick)
Antibiotic substances, produced by microörganisms—nature and mode of action. Am. J. Pub. Health, 34: 358-364, April 1944

Waksman, Selman A., and Walton B. Geiger (Rutgers, N. J. Agric. Exper. Sta., New Brunswick)
Nature of the antibiotic substances produced by aspergillus fumigatus. J. Bact., 47: 391-397, April 1944

Waksman, S. A., and H. Christine Reilly (N. J. Agric. Exper. Sta., Rutgers, New Brunswick)
Rapid and accurate method for testing penicillin production by different strains of P. notatum. J. Bact., 47: 308-309, March 1944

Yoskalka, J. S. (Newark)
Primary atypical pneumonia, etiology unknown; a clinical study of ninety-six cases. J. M. Soc. New Jersey, 41: 188-193, May 1944

Zvaifler, Nathan (Newark)
Chromic acid poisoning resulting from inhalation of mist developed from five per cent chromic acid solution. I. Medical aspects of chromic acid poisoning. J. Indus. Hyg., 26: 124-126, April 1944

OBITUARIES

DR. FRED HEXAMER

Dr. Fred Hexamer of Newark died at his home on April 28, 1944, after several years' illness.

Dr. Hexamer, for 15 years assistant to the late Dr. Edward J. Ill, was born in Newark in 1866. He obtained his medical degree in the New York University Medical College in 1888, and interned in Bellevue Hospital, New York, and the old Newark German Hospital, now Newark Memorial. Before starting practice he studied a year in Vienna and Berlin, returning in 1890.

Dr. Hexamer was a member of the Essex County Medical Society, the Academy of Medicine of Northern New Jersey, The Medical Society of New Jersey, and was a fellow of the American Medical Association.

DR. WILLIAM H. COOKE

Dr. William Harvey Cooke died at East Orange General Hospital on June 6, 1944, from a cerebral hemorrhage.

Dr. Cooke, who was 78 years of age, had practiced in East Orange 52 years. He was graduated from the Boston University School of Medicine in 1888.

Dr. Cooke was a member of the Essex County Medical Society, The Medical Society of New Jersey and was a Fellow of the American Medical Association.

COUNTY SOCIETY REPORTS

GLOUCESTER COUNTY

A. Guy Campo, M.D., Reporter

The *Gloucester County Medical Society* met at the First National Bank, Woodbury, on May 18, 1944. The following officers were elected:

President, DR. WILLIAM G. HARRIS, Mullica Hill
First Vice-President, DR. JOSEPH F. HUGHES, Woodbury
Second Vice-President, DR. THOMAS M. GAIRDNER, Gibbstown
Secretary, DR. CLARENCE A. BOWERSOX, Woodbury
Treasurer, DR. DON B. WEEMS, Wenonah
Reporter, DR. A. GUY CAMPO, Westville
Historian, DR. DOROTHY ROGERS, Woodbury
Trustees:
DR. HENRY B. DIVERTY, Woodbury, 3 years
DR. J. H. UNDERWOOD, Woodbury, 2 years
DR. F. G. WANDALL, Clayton, 1 year
Censors:
DR. CHESTER I. ULMER, Gibbstown, 3 years
DR. HORACE M. FOODER, Williamstown, 2 years
DR. WILLIAM W. PEDRICK, Glassboro, 1 year

The business meeting was opened with a discussion on various topics. Dr. Hunter of Paulsboro, the only doctor doing maternity work in his area, was declared essential due to vigorous efforts of our County Society and Dr. Norman M. Scott.

DR. ABRAHAM CANTAROW, Associate Professor of Medicine, Jefferson Medical College, spoke on "New Developments in the Treatment of Thyro-toxicosis", beginning with indications and contra-indications of drugs relative to the thyroid gland. Iodine, at present, seems to be indispensable in medical and surgical treatment of thyro-toxicosis. Sulfonamides given experimentally to rats shows marked increase in size of thyroid (3 to 8 times) in sixteen weeks. Sulfonamides also affect the pituitary gland, causing decrease in eosinophiles and increase in basophiles. Conclusion derived is that goiter-genic substances prevent utilization of iodine and, therefore, suppression of thyroid gland.

Thiouracil, used in toxic diffuse goiter in experimental clinics, in doses of 0.2 gm. q.i.d. improved condition of the patient in four to six days with lowering of B.M.R. In three to four weeks B.M.R. returns to normal. With reaching normalcy of B.M.R. a maintenance dose of 0.1 gm. to 0.2 gm. per day is given. Weight of patient improves with decrease of B.M.R. Thiouracil evidently prevents formation of thyroxin. Return of B.M.R. to normal takes longer in patients who have previously been treated with iodine. Thiouracil must not be used if patient is hypersensitive to it. Thiouracil is a drug of choice, preoperatively. Its only disadvantage is increased vascularity of the thyroid gland. The ultimate fate of the thyroid gland, after use of thiouracil, is unknown. Dr. Cantarow does not believe it advisable to use thiouracil unless patient is hospitalized, so that he can be followed from a laboratory standpoint.

Nodular goiter, of course, must be treated surgically.

A discussion ensued and the meeting was adjourned.

MONMOUTH COUNTY

Elsworth F. Baker, M.D., Reporter

The May meeting of the *Monmouth County Medical Society* was held at the State Hospital at Marlboro on May 24th. The meeting was preceded by a dinner for the Medical Society at the hospital with DR. J. B. GORDON, Medical Director, as the host. The scientific session opened at 9:30 with the President, DR. OTTO HOLTERS, in the chair. A discussion was held as to whether or not there should be a June meeting this year as in previous years, and it was voted that the June meeting be devoted to a dinner and outing.

Dr. Gordon introduced the guest speaker, DR. A. A. BRILL, the eminent New York psychiatrist, who was one of the pioneers in the starting of psychoanalysis in the United States.

Dr. Brill spoke on "Psychiatric Problems in General Practice". He reviewed the growth of scientific knowledge and treatment in mental illness including many interesting incidents from his own experience, starting with the time he entered psychiatry as a staff physician in a state hospital, and his search for an ideal therapy in mental disease. He first tried hypnosis and found its limitations. Then he was introduced to isolation therapy and was again disappointed at the results. Finally, after much psychiatric exploration, he became acquainted with Freudian concepts and psychoanalysis which offered a dynamic approach and gave an interpretation of the patient's mental mechanism. Dr. Brill stated that this method offered a rational way of handling psychiatric problems and that he has become increasingly interested in it through his 41 years of practice. Each patient is a new book with new problems and new mechanisms. Utilization of dreams, slips of the tongue, jokes, etc., aid in the detection of the meaning behind the symptoms. The symptoms are the results of unresolved conflicts of the individual and are an inefficient and unconscious substitution for what cannot be accomplished consciously. The psychotic as compared to the psychoneurotic and borderline cases are more deeply organized mental disturbances. It is necessary to recognize cases suitable for treatment. Great strides have been accomplished in this, and medical psychology is now being taught in all of the better colleges. This provides the physician with a better orientation towards mental diseases. Dr. Brill gave numerous illustrations by quoting cases from his practice. He stated that every good doctor is a good psychologist and uses psychotherapy whether he knows it or not. Even in treating obvious physical illnesses, better results can be obtained where the psychological aspect of the patient is considered and treated concurrently with

his physical illness. In the treatment of mental disease through shock therapy and other mechanical and physical means, good results can be expected only after psychotherapy is given. Mental disease can be cured only by correcting the pathological mental mechanism.

The lecture was well received and a lively discussion followed. The importance of recognizing and treating psychiatric problems co-existing with physical disease and the impossibility of separating the physical and psychic elements and treating one without the other, was stressed.

The meeting was adjourned with a vote of thanks to Dr. Brill for having given his time and coming such a great distance to speak before the Society.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held on May 16 at the Board of Freeholders' Room in the Administration Building in Paterson. Dr. Murn, our retiring President, called the meeting to order. He read his farewell address to the members of the society, emphasizing the importance that the County Medical Society has as the physician's representative in the political struggles that already have begun. He showed how our own county representatives have introduced a bill permitting an infiltration of chiropractors into the state by lowering the standards of the Medical Practice Act. He warned that our society must be alert to the dangers of our time, and that coöperation between our membership was necessary. His address was warmly received.

The election of a new administration followed. The following members were nominated by the Nominating Committee composed of Drs. Sidney Levine, Irving Okin and William Dwyer:

President, William Sullivan
First Vice-President, Harry Wolfson
Second Vice-President, Leon De Yoe
Secretary, Irving Okin
Treasurer, Theodore Graham
Reporter, Theodore Rothman

The nominees were unanimously elected.

The following applications were voted on and accepted:

Active Membership:
Dr. Edward W. Goldstein, Paterson
Associate Membership:
Dr. Alfred Bronner, Passaic

Matthew J. Sheft, M.D., Major, U. S. Army, retired, was introduced by Dr. Murn. He addressed the society on "A Few War Experiences of a Doctor". He described the organization of the Army Medical Corps and its training. He also revealed some experiences during the invasion of North Africa. His talk was enthusiastically received.

UNION COUNTY

F. W. Lathrop, M.D., Secretary

The *Union County Medical Society* met at Ciba Pharmaceutical Products, Inc., Summit, N. J., on May 10th, 1944. The meeting was called to order by Dr. Bensley, President.

The minutes of the April 5th, 1944 meeting and the meeting of the Executive Committee of May 8th, 1944, were read and approved.

Dr. Ralph Colp, Attending Surgeon at Mt. Sinai Hospital and Clinical Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York City, spoke on "Present Status of Gastroduodenal Surgery". A very active discussion followed.

Mr. L. W. Smith, Superintendent of the Union County Mosquito Commission, requested the cooperation of the Society with the Commission's program to try to locate and eradicate malaria cases in this county. Any physician who may be called in to attend a sick patient recently returned from the tropics is requested to obtain a blood smear immediately and send same to the local Board of Health. If the patient has malaria or is a carrier the Commission will then survey the premises for breeding places of the anopheles and for the adult insects. Health officials will coöperate by showing the malaria patient the course he may follow to prevent the infection of the mosquitoes and the subsequent transmission of the disease to other persons. The cost of the laboratory work will be borne by the Union County Mosquito Commission. It was moved that the Union County Medical Society coöperate with the Union County Mosquito Commission in their program to try to locate and eradicate malaria cases in Union County.

COMMUNICATIONS

1. Letter from Mr. Frank A. English, President of the Elizabeth General Hospital, regarding the closing of the Outpatient Department of the hospital with the exception of the Green Memorial Clinic and the Thursday 2:30 p.m. Prenatal Clinic. This action is necessary as the building is to be razed and a new building to house the Outpatient Department and a modern teaching unit for their school of nursing will be constructed. During the transition St. Elizabeth Hospital and Alexian Brothers Hospital will take care of the clinic patients. Members of the County Society are requested to coöperate with the hospital during this period.

2. Letter from the Assistant Scout Executive of Plainfield requesting the names of retired physicians in the Society who might be interested in serving as camp doctor for the summer months.

3. Letter from Dr. Chester R. Brown, Chairman, State Advisory Committee on Child Health, stating that it has been reported that there is a decline in the immunization against smallpox and diphtheria in New Jersey and he has been instructed to bring this to the attention of the Presidents of the County Societies. Dr. Brown requested that this information be passed on to the Child Health Committee, the School Physicians and Public Health Boards of this county and that they do everything possible in their own fields to increase the numbers immunized.

Dr. Robert B. Casey of Rahway transferred from Otsego County, New York, to our Society. Dr. F. M. Appelbaum was introduced to the Society and signed the Constitution.

WOMAN'S AUXILIARY

PRESIDENT'S MID-SUMMER MESSAGE

Mrs. David B. Allman

Greetings to my fellow members of all Woman's Auxiliaries to New Jersey County Medical Societies.

We are upon the threshold of another year of Society activities—a year which portends much in new fields and endeavors.

Although your officers have not as yet met with the Officers and Woman's Advisory Committee of The Medical Society of New Jersey, much of our work is not of a controversial nature, and we shall pursue it with undiminished ardor.

The matter of subversive legislation is of particular importance to us at this time. The ugly head of "Socialized Medicine" will rise again. We must fight it with all power at our command. We owe it to those who have given their all to support the military effort.

Health education must be continued. The promotion of Hygeia will be far-reaching in accomplishing this objective.

The victories of our armed forces on all fronts assure us that Victory is not in the too far distant future. Certainly not too far away for us to begin to lay our plans for the work that lies before us in reconstruction period. Much of our effort shall be devoted to seeing that our medical men, their wives and families, return to civilian practice that they desire and our endeavor should be to see that they become reëstablished in as near the same circumstances as possible as those they left.

Our "Theme for 1944-45" is "Planning Post War Progress". We must be united in this as in all other matters pertaining to safeguarding the ideals of organized medicine. Every Auxiliary member must work in this critical year as she has never worked before, and your regular attendance at all meetings is imperative.

BOOKS RECEIVED FOR REVIEW

Treatment of Peptic Ulcer, based upon ten years' experience at the New York Hospital. By George J. Heuer, M.D., assisted by Cranston Holman, M.D., and William A. Cooper, M.D. Pp. 118. Philadelphia, J. B. Lippincott Company. 1944. $3.00.

Technique in Trauma, Planned Timing in the Treatment of Wounds Including Burns, from the Montreal General Hospital and McGill University. By Fraser B. Gurd, M.D., C.M., and F. Douglas Ackman, M.D., C.M., in collaboration with John W. Gerrie, M.D., C.M.; Joseph E. Pritchard, M.D.; Edward S. Mills, M.D., C.M., and Frederick Smith, M.D. Preface by John S. Lockwood, M.D., with commentary by Ralph R. Fitzgerald, M.D., C.M. Pp. 68, illus. Philadelphia, J. B. Lippincott Company. 1944. $2.00.

Radiation and Climatic Therapy of Chronic Pulmonary Diseases; with special reference to natural and artificial heliotherapy, x-ray therapy, and climatic therapy of chronic pulmonary diseases and all forms of tuberculosis. Ed. by Edgar Mayer, M.D., F.A.C.P., F.A.C.C.P. Pp. 393, illus. Baltimore, Williams & Wilkins Company. 1944. $5.00.

Hydronephrosis and Pyelitis (Pyelonephritis) of Pregnancy; etiology and pathogenesis. An historical review. By H. E. Robertson, M.D. Pp. 332, illus. Philadelphia, W. B. Saunders Company. 1944. $4.50.

Collected Papers of the Mayo Clinic and the Mayo Foundation. Ed. by Richard M. Hewitt, B.A., M.A., M.D.; A. B. Nevling, M.D.; John R. Miner, B.A., Sc.D.; James Eckman, A.B., and M. Katharine Smith, B.A. v. 35, 1943. Pp. 875. Philadelphia, W. B. Saunders Company. 1944. $11.00.

Principles and Practices of Inhalation Therapy. By Alvan L. Barach, M.D. Pp. 315, illus. Philadelphia, J. B. Lippincott Company. 1944. $4.00.

BOOK REVIEWS

Introduction to Medical Mycology. By George M. Lewis, M.D., and Mary E. Hooper, M.S. 2d ed. Pp. 342. Chicago, Year Book Publishers, Inc. 1943. $6.50.

The second edition of An Introduction to Medical Mycology, by Dr. George M. Lewis and Mary E. Hooper, has been revised to bring the latest findings up to date. There are several new features including two full-page plates in natural color, which are excellent.

This is undoubtedly the most practical book written on medical mycology and is the product of many years of personal observation and experience of Dr. Lewis. Every student and specialist in dermatology should have this book in his library.

Bart M. James, M.D.

Oral Pathology; A Histological, Roentgenological and Clinical Study of the Diseases of the Teeth, Jaws and Mouth. By Kurt H. Thoma, D.M.D. 2d ed. Pp. 1328 with 1388 illustrations including 128 in color. St. Louis, C. V. Mosby Company. 1944. $15.00.

It is unusual to see a book of this type and size run into a second edition, therefore, it is evident that this volume fills a long-felt want and that it has been accepted as an outstanding authoritative text.

The first three chapters are particularly interesting: Heredity, endocrine and nutritional influences on the development of the teeth and jaws. The underlying reasons for many of the unusual cases that we see in our daily practice are contained in these chapters. Developmental anomalies of the dentition, as well as pathology of the form and structure of the teeth are thoroughly explained. Congenital malformations of the face and jaws is an exceptionally interesting dissertation on abnormal growth and is well worth reading carefully. In the chapter on functional changes of the teeth there is a world of information:—why do teeth change color, why do roots exostose, why do teeth die under filling materials,—one could go on ad finitum. The chapter on Traumatic Diseases of the Jaws takes us into cysts, dislocations, and fractures, this latter subject being very extensive and thorough. The chapter on Odontogenic Infection goes into infections of the maxillary sinuses, Ludwig's angina, submandibular infections, pterygomandibular abscess, lymphatic infections and many other pathological conditions. Aspiration and deglutition of infection is observed and explained.

Can you imagine that a cotton-roll will cause gingivitis when placed against the gum tissue? We all know that there are traumatic, denture and chemical injuries to the oral tissues, as well as thermal and galvanic burns. We also know that pathological conditions caused by drugs and the blood dyscrasias can be manifested in the oral tissues. Do you know the reasons? The answers are here in this book.

The neuralgias are quite disconcerting to diagnose. Chapter forty-four may give you a better understanding of why these neuralgias come and persist.

The illustrations are particularly numerous and descriptive. They also show the amount of time, work and enthusiasm spent in compiling this volume. It would be impossible to go into all the minute detail that this book entails. Dr. Thoma has given us a tome that one cannot afford to neglect. It will take time to study and peruse it, but the effort will be repaid. F. C. Bartleman, D.D.S.

Synopsis of Obstetrics. By Jennings C. Litzenberg, B.Sc., M.D., F.A.C.S. 2d ed. Pp. 405 with 157 illustrations including five in color. St. Louis, C. V. Mosby Company. 1944. $5.00.

Synopsis of Obstetrics is an excellent refresher in obstetrics. Every essential has been given its logically proportionate discussion. The latest concepts of physiology are presented in sufficiently profuse form to be post-graduate instruction. The illustrations are excellent and far more plentiful than could be reasonably expected in such a condensed edition.

As a manual for quick reference, it is difficult to conceive how a better one could be written.

Norman J. Quinn, M.D.

Injuries of the Skull, Brain and Spinal Cord. Neuro-psychiatric, Surgical, and Medico-Legal Aspects. Ed. by Samuel Brock. 2d ed. Pp. 616. Baltimore, The Williams & Wilkins Company. 1943. $7.00.

The second edition of this work was inevitable. The advances made in the various subjects considered since the first edition appeared in January, 1940, have been such as to warrant a new edition, rather than a second reprint. It is evident that the editor of this invaluable work, which has been described as "a collection of monographs in miniature, all of merit" has been actively attentive to progress that has been made, particularly from the diagnostic and therapeutic standpoints.

The second edition is a decided improvement on the first. Before many years pass it is to be hoped that a third edition embracing further accretions of knowledge which will no doubt result from the experiences of the present war, will make its appearance. We wish for this edition an even more cordial reception than was given the first one.

C. C. Beling, M.D.

Synopsis of Materia Medica, Toxicology and Pharmacology, For Students and Practitioners of Medicine. By Forrest Ramon Davison, B.A., M.Sc., Ph.D., M.B. 3d ed. Pp. 759 with 40 illustrations, four in color. St. Louis, C. V. Mosby Company. 1944. $6.50.

The rapid development of new drugs of all groups, and the chemical changes of some old and tried preparations to render them less toxic are, at times, both startling and bewildering. The older practitioner must keep alert to prove the new against the old; the younger must have a ready

reference for his aid in prescribing. Many specialists, as a result of physician shortage due to the war, have been called upon to care for patients with ailments outside their specialty and have had to refresh their knowledge of drugs in all fields. Hence text books on materia medica and pharmacology are gaining a new importance and the authors are given new responsibility in keeping the volumes up to date.

This reviewer has not used the two earlier editions of Dr. Davison's book, but a careful review of the third edition proves its value. The opening chapters on basic principles of pharmacology and materia medica afford a concise resume worth reading. Of especial value is the chapter on prescription writing. The writing of prescriptions has been described as a lost art, and justly so, since many pharmaceutical firms have successfully advertised proprietary formulae to the profession, and many medical schools have succumbed to this apparently simpler method of teaching students how to prescribe.

The subdivisions describing the action of drugs on each part of the body,—skin, central and peripheral nervous systems, digestive system, muscles, etc., are masterly in their brevity while completely covering the essentials of the subject. For those who wish more complete references on the subject matter, a lengthy bibliography is appended to each chapter.

It is an achievement to condense the complete subjects of the volume into so small a space, for the author did not lose sight of the fact that he was compiling a synopsis.

SAMUEL BARBASH, M.D.

Traumatic Injuries of Facial Bones; An Atlas of Treatment. By John B. Erich, M.S., D.D.S., M.D.; Louis T. Austin, D.D.S., F.A.C.D., in collaboration with the Bureau of Medicine and Surgery, U. S. Navy. Pp. 600 with 33 illustrations. Philadelphia, W. B. Saunders Company. 1944. $6.00.

Both of these men are associated with the Mayo Clinic and the Mayo Foundation. The book presents fractures of the bones of the face, and includes almost every type of facial fracture. Each case is presented as a specific problem with a skeletal illustration. One or more methods are given. In each, an attempt is made toward simplification of treatment.

The construction and application of plaster head casts with adjustable hooks, head-bands and rod attachments is explained. The use of external pin fixation is described in detail. One chapter deals with bone graft of the mandible. The approach to each problem is given neither as a "dental" or a "medical" one, but both are used as a complete unit involving all the necessary therapeutics for the case.

This text is appropriate to the times. It certainly should accompany every man leaving civilian dentistry for the armed services where he is bound to meet every type of facial injury and is expected to be able to treat them.

IRVING SCHEIM, D.D.S.

Clinical Lectures on the Gall-Bladder and Bile Ducts. By Samuel Weiss, M.D., F.A.C.P. Pp. 504. Chicago, Year Book Publishers. 1944. $5.50.

As one would expect, this is an excellent book. It comprises the enormous experience of Dr. Weiss in this particular field. He has divided his subject into its component parts and discusses each separately. Thus in twenty-eight lectures he covers thoroughly the gall-bladder and its ducts with relation to etiology, pathology, diagnosis and treatment. The author draws extensively from his own experience and offers numerous points of value to both the internist and the surgeon.

A few of the important chapters may be mentioned. The relation of gall-bladder disease to arthritis is a valuable contribution to our knowledge of the etiology and therapeusis of this chronic disorder. Other chapters which might stimulate interest are choledocholithiasis and pancreatitis, also gall-bladder disease and cardiac involvement, benign and malignant tumors of the gall-bladder and its ducts as well as jaundice. Each is covered in a separate lecture. Radiology of the gall-bladder and diagnostic and therapeutic duodenal drainage are each presented in a lecture by specialists in this field.

Of special interest in view of the times is the effect of emotional and psychic disturbances on the function of the gall-bladder. A knowledge of the influence of these, as well as allergy, in the production of pseudo-cholecystitis (biliary dyskinesis) is of importance, particularly in explaining the poor results of gall-bladder surgery in certain cases.

In a volume clinical in its approach one may take exception to the lecture on cholelithiasis, medical management, especially when gallstone colic has supervened. The author's elaborate outline of treatment seems to contradict his introductory remarks that when the gall-bladder and its ducts are affected one may expect to find involvement of the liver, pancreas, the gastro-intestinal tract or manifestations in the cardio-renal vascular system. This truism suggests surgery as the only proper treatment.

In a recent discussion by gastroenterologists on the use of high fat diet in gall-bladder disease, the majority appeared to favor its use. Without elaboration and explanation such expression of opinion does harm to the patient. The volume under review gives definite and clean-cut indications and contraindications to such diet. There should be no quibbling on such an important question.

These lectures embody a textbook of information which should prove of interest and value to the practicing physician. J. GERENDASY, M.D.

The Dynamic Era of Court Psychiatry 1914-1944. Edited by Agnes A. Sharp, M.A., Ph.D., Member, American Psychological Association; Fellow, American Association of Applied Psychologists. Pp. 149. Chicago, Psychiatric Institute of the Municipal Court of Chicago. n. d.

This volume, the first from the Institute, is instructive, informative and enlightening. Instructive in the sense that it points the way to a new

and modern method of treating the problem of criminal mentality; informative in that it shows the basis on which such training should be built; enlightening in that it points out the manner in which the civil government may assist and, in fact, solve its own problem of crime and punishment.

The work of this Institute is notable in that it covers so many phases of the medico-legal field. It certainly represents a vast improvement in the method of commitments in that the commitment is not left to the general practitioner, with his limited experience in the neurological field, but is dependent upon the considered judgment of experts. In the matter of domestic relations, this service is invaluable in that its approach is from the medical rather than the legal angle and thereby offers a medical solution rather than a legal threat, as the answer to the problem. In the matter of automobile violations, this service screens through the medium of its various examinations, unstable and dangerous drivers and thereby eliminates a constant hazard of the highways. This is an important service in that no action has heretofore been taken by the states to include in automobile tests the examinations necessary to the elimination of this type of driver.

The experience of this Institute indicates the great step forward of the judicial system in realizing the necessity of neurological and psychiatrical examinations as the basis for a fair adjudication of the various criminal problems. This attitude of "Let the punishment fit the criminal, rather than the crime" is an improved one in the administration of justice. The service also effects great savings in human beings as it detects early stages of mental disturbances and causes of delinquency thereby providing for timely diagnosis and treatment.

The fact that many patients are examined by the technicality of placing a minor charge against them, eliminates the "by consent" problem that faces most families of mental patients in their attempts to have mental patients examined at local hospitals. Another service that this Institute renders is the preservation of the records involved. Such records must prove of great assistance to the various agencies throughout the state because they offer a source of ready reference for all occasions.

The volume is replete with interesting articles by the various staff members and magistrates, covering all phases of the work of the Institute.

To this reader, the irony of human evolution seems that in every effort introduced in the progress of human relations, the pioneers, whose foresight, unswerving devotion to an ideal, and perseverance in the face of discouragement and public apathy receive but small recognition for their services to mankind. Possibly the heartening fact is that each generation seems to produce men capable of pioneering in such work who are so filled with the spirit of common good, they are able to follow the hard path to a successful conclusion.

To anyone who is interested in the vast pattern of human relations as it relates to the medico-legal problems of this age, this volume should prove of great interest and to any other service either contemplated or at present in the early stages of development, this book should prove of great assistance in the planning, managing and guidance of such effort. In addition, to lawyers and doctors alike, the work and experience of this Institute should prove an interesting backdrop to the common problems of both professions.

Frank W. O'Brien, Manager
Workmen's Compensation
Reporting of New Jersey
(Central).

Industrial Ophthalmology. By Hedwig S. Kuhn, M.D. Pp. 294 with 114 text illustrations including two color plates. St. Louis, C. V. Mosby Company. 1944. $6.50.

This book covers the field between ophthalmology and safety engineering, and should be of interest to members of both professions.

There is a large chapter on methods and purposes of visual testing and on job analysis and classification. Other chapters deal with types of work as related to use of the eyes, eye protection by various types of goggles and correction of visual defects. There is a chapter contributed by Dr. Albert C. Snell, "Industrial Eye Injuries Caused by Solid Bodies." Radiation, illumination and other timely subjects are discussed in a chapter on "Recent Developments".

The book is full of illustrations, mostly photographs to illustrate the manner in which the eyes must be used in various occupations in modern industry.

A. Russell Sherman, M.D.

National Health Service. Ministry of Health, Department of Health for Scotland. Presented by the Minister of Health and the Secretary of State for Scotland to Parliament by Command of His Majesty, February 1944. American edition reproduced photographically from the English edition and published by arrangement with His Majesty's Stationary Office. New York, The Macmillan Company. 1944. $.75.

There is no hope of complete medical agreement with all phases of this National Health Plan as presented by the Minister of Health to Parliament. However, it is lucid and well written and presents a broad plan and a main pattern that can be filled in after discussion and negotiation with all interests. For those who wish to avail themselves of increased knowledge in this controversial field, this small volume will give a wealth of material. The announced intention of this White Paper is to examine the subject generally, to show what is meant by a comprehensive service and how it fits with what has been done in the past or is being done in the present, and so to help people to look at the matter for themselves. It represents the government's ideas of the most effective mode of operation for a comprehensive health service for everybody.

Carolyn Valentine, B.S.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **July, 1944** **No. 7**

NO situation confronting the medical man demands more discriminating judgment than the management of tuberculosis when complicated by pregnancy. To terminate the pregnancy, to institute collapse therapy, or to adopt a policy of watchful waiting must be decided in the light of all factors, pathological, physiological and emotional. In the weighing of these factors, the experience of men who have made a special study of such cases is valuable.

PREGNANCY IN ADVANCED TUBERCULOSIS

The clinical onset of tuberculosis in many women is associated with pregnancy. Since collapse therapy has improved the chances of the tuberculous patient in general, re-evaluation of the effects of pregnancy upon the disease was undertaken. A selected group of 26 patients with tuberculosis, treated with various types of surgery was observed before or during pregnancy. The average period of clinical and roentgenologic observation was 9 years, during which 40 children were born of whom 36 were alive and well. Nine other pregnancies terminated prematurely. Tuberculosis was confined to one lung in 15 patients. In 11 it occurred in both lungs. Of the 26 cases with an effective collapse, only four showed an unsatisfactory course during pregnancy or following childbirth and of these, three later improved, the fourth had a spontaneous abortion. In three patients in whom collapse therapy was not satisfactory, there was a reactivation following childbirth.

In patients in whom the diseased areas of the lung are anatomically well collapsed, tuberculosis will not become active in pregnancy. Phrenic nerve interruption alone is inadequate. Physiologic, social and pathologic factors should be considered before determining the hazard of pregnancy but the safest interval for a tuberculous woman to have children is during the period of effective collapse therapy.

The Harmful Influence of Pregnancy on Advanced Tuberculosis as Modified by Collapse Therapy, J. W. Cutler, M.D., Amer. Jour. of Obstetrics and Gynecology, January 19, 1944.

THE TREATMENT OF THE TUBERCULOUS WOMAN DURING PREGNANCY

Pregnancy was advised at one period as a preventive or curative measure. Later the opposite course was advocated and therapeutic abortions were advised in all cases where the pregnancy was discovered before the fifth month.

Gradually the treatment of tuberculosis has become an attempt to control the tuberculous process itself. In this change of emphasis the necessity of aborting the pregnant tuberculous woman came to be questioned. Most of the adverse reports on the effect of pregnancy on tuberculosis came from obstetricians who compared the normal pregnant woman with the tuberculous pregnant woman. Pregnancy itself is a normal physiological process and normally not harmful. Tuberculosis is an infectious disease which annually kills thousands of women of child-bearing age even though pregnancy does not exist. A study of tuberculous women, both pregnant and non-pregnant, was undertaken directing the main effort of therapy against the diseased process rather than against the normal physiological process to the end that the tuberculous pregnant woman could go to full term without interfering with her recovery from tuberculosis.

The woman with active tuberculosis should have bed rest plus such additional methods of treatment as pneumothorax and other collapse therapy which would be used if pregnancy were not present. Following labor more intensive treatment may be

indicated to prevent a spread of the disease. Therapeutic abortion should be done only if a condition is found, other than the tuberculosis, to warrant it.

The arrested case of tuberculosis who becomes pregnant after leaving the sanatorium should receive more careful prenatal care than if tuberculosis did not exist. Many return to the sanatorium for care. Treatment varies with the condition. In general they receive modified bed rest for two or three months prior to delivery and strict bed rest for a month or six weeks following delivery. They are then allowed some activity and sent home when their babies are about three months old. The babies are isolated in the nursery until this time. Results in a series of cases extending over a nineteen-year period show that among 92 pregnant women who were studied 21 per cent died, while among 2,230 women of the same age group discharged for the first time from the sanatorium there were 837 deaths or 39 per cent. The group is too small for definite conclusions but it does seem to indicate that when tuberculosis is properly treated pregnancy does not adversely affect it. The higher death rate in the non-pregnant group is unexplained.

Treatment of the pregnant woman with tuberculosis by the most modern means of combating the disease, together with equally modern prenatal care, apparently offers her as good a chance for recovery from her tuberculosis as though pregnancy did not exist.

The Treatment of the Tuberculous Woman During Pregnancy, E. S. Mariette, M.D., Leonard M. Larson, M.D., J. C. Litzenberg, M.D., American Journal of the Medical Sciences, June, 1942.

TUBERCULOSIS AND PREGNANCY

Type of Delivery

When delivering a woman with active pulmonary tuberculosis the severity of the illness and the extent of the lesion must receive consideration. The internist or phthisiologist must be responsible for the tuberculous condition during confinement just as he has been during pregnancy.

It seems good obstetrics to allow these women to come to term and deliver naturally. However, to induce labor ten to fourteen days early, when the condition of the patient permits, saves time when the load of pregnancy is greatest. The doctor should be liberal with analgesia during the early stages of labor and supportive treatment is necessary. The main points I wish to stress are: relieve pain, conserve energy, save blood and support the patient. *E. P. Allen, M.D.*

Care

The most important thing during the puerperium and the months following is to treat the tuberculous disease. If the disease is under control, the outlook for the future is good. If in spite of therapy the disease progresses the prognosis is bad. The future destiny of the pregnant tuberculous female is dependent upon the character and the control of the tuberculous disease.

George G. Ornstein, M.D.

Indications for Abortion

Labor should not be induced in a case of pregnancy past the 28th week. In the rapidly progressive caseous type of tuberculosis, abortion should be avoided in the interest of the fetus. Where recovery from tuberculosis is highly probable, abortion should be done if the pregnancy has not advanced beyond the 12th (possibly the 16th) week. In other types of cases no rules can be formulated. Judgment must be based upon an adequate knowledge of the determining factors in each case. Conservation of pregnancy is usually safer than therapeutic abortion. *Willard R. Cooke, M.D.*

Should She Bear Children?

The average woman with arrested tuberculosis is a desirable candidate for motherhood. She has been physically tested and psychologically disciplined by disease and will coöperate intelligently. There should be a period of about two years following arrest before it is safe to consider bearing a child. Consideration must be given to the economic situation of the prospective mother. Only the best of care and freedom from domestic responsibility will suffice to keep her well following delivery. *Lewis J. Moorman, M.D.*

From a Symposium on Tuberculosis and Pregnancy, Transactions of Nat'l Tuber. Assn., 1941.

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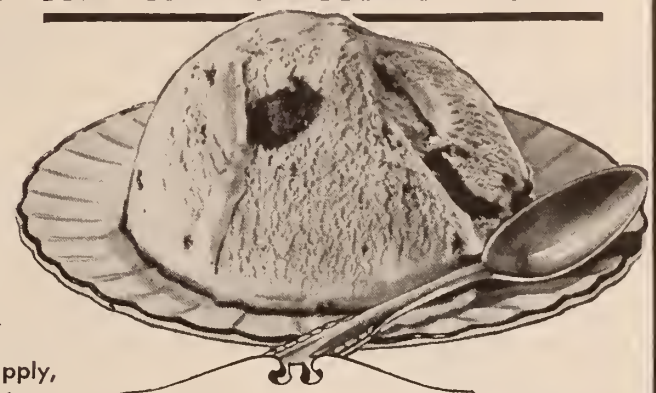
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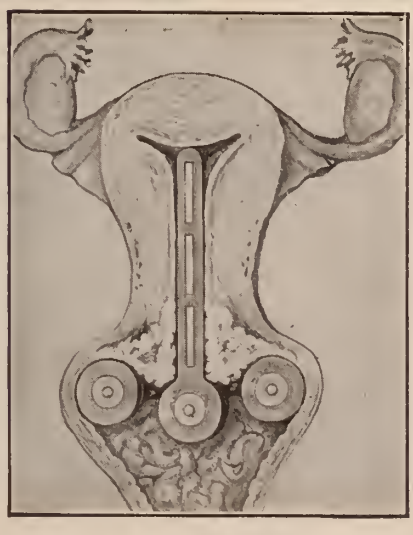
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Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 8 AUGUST, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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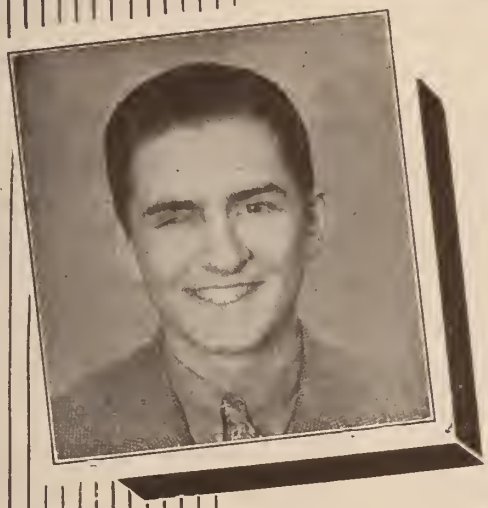
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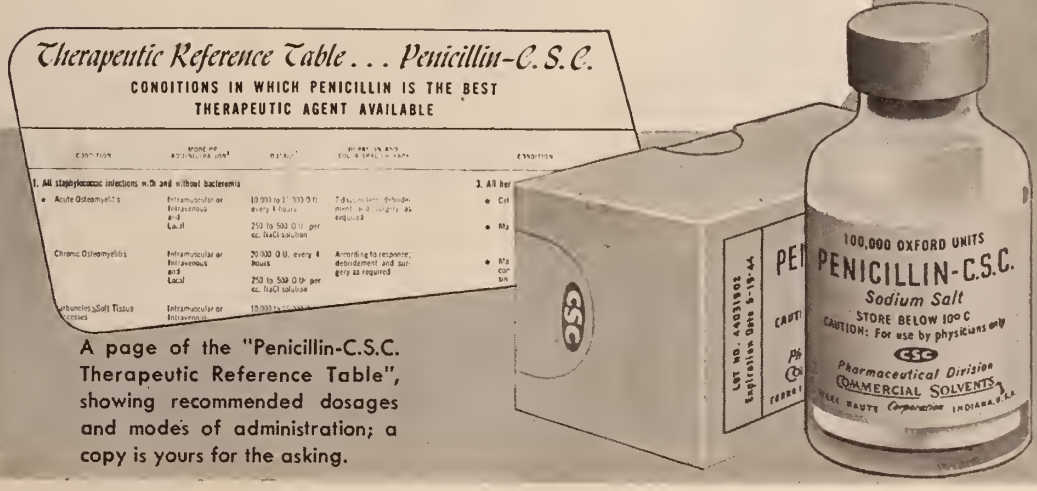
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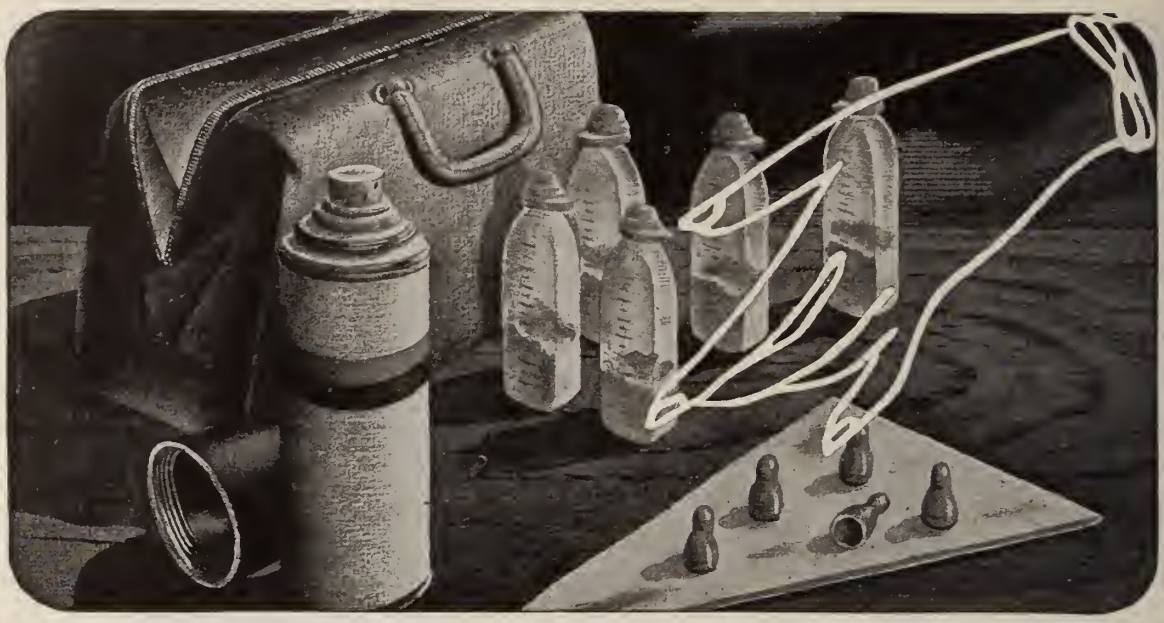
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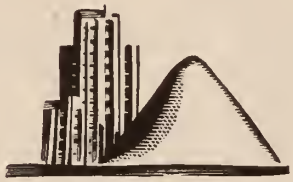
SIMIL'AC

Similar to breast milk

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

Hay Fever facts and figures

The annual crop of ragweed pollen in North America weighs more than 2 BILLION POUNDS.





A single teaspoon holds more than 1 BILLION PARTICLES of ragweed pollen.



As few as 6 PARTICLES of ragweed pollen can produce hay fever symptoms.

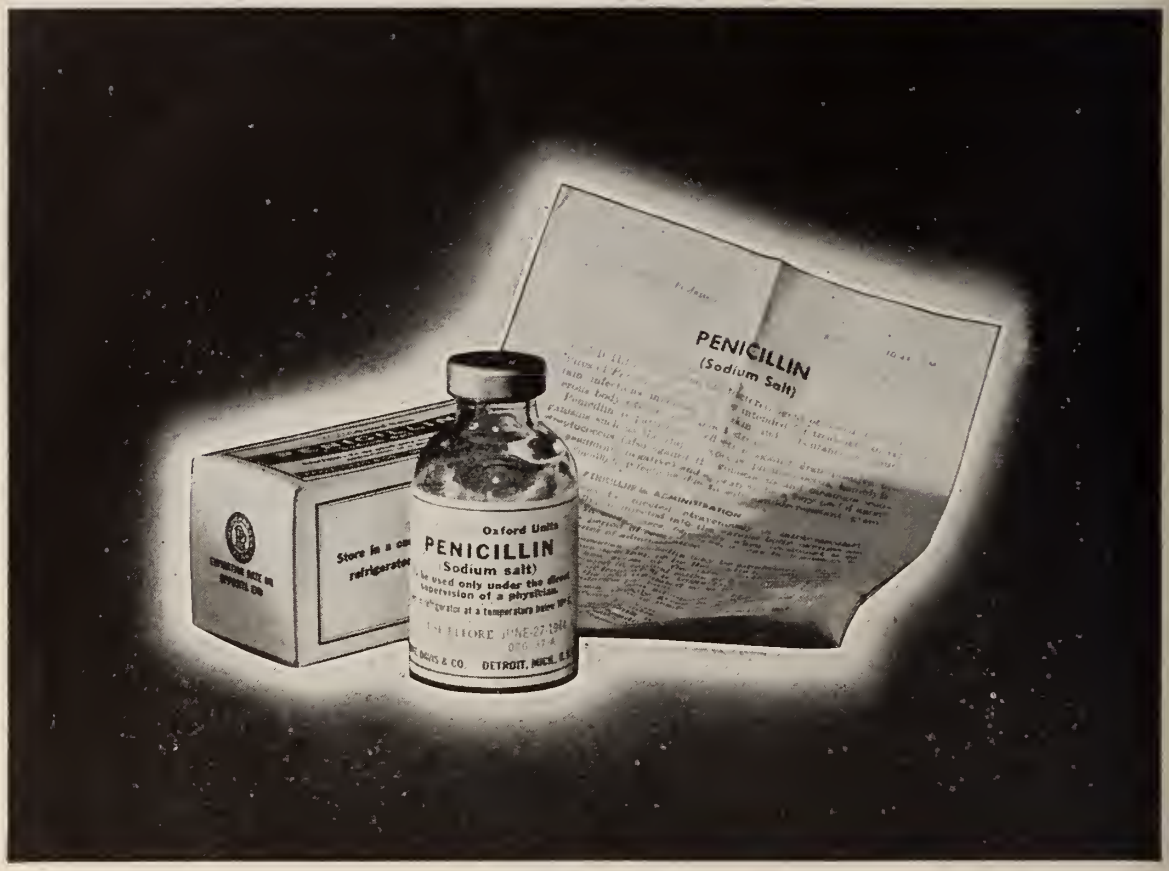
Hay fever patients usually receive immediate symptomatic relief following just 2 INHALATIONS in each nostril from Benzedrine Inhaler.



Smith, Kline & French Laboratories, Philadelphia

Benzedrine Inhaler

Each tube is packed with racemic amphetamine, S.K.F., 250 mg.; oil of lavender, 75 mg.; menthol, 12.5 mg.



PENICILLIN

PARKE, DAVIS & COMPANY

When Parke, Davis & Co. began the commercial production of Penicillin in the summer of 1943, the world-wide output of this precious material was almost negligible. Today Penicillin has become a standard therapeutic agent—supplied in quantities needed for the Allied armed forces and for use in research and treatment of selected cases, and now increasingly available for use in civilian practice.

Parke-Davis Penicillin is packaged in rubber-diaphragm-capped vials containing 100,000 Oxford units. Instructions for clinical use of Penicillin are available upon request.

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN



Protective CLEANSING *for* SKILLED HANDS

TO FAVOR RECOVERY in the dermatoses, replace all harsh or irritating skin detergents with ACIDOLATE Skin Cleanser.

1. It is a water miscible non-lathering mixture of sulfated oils.
2. It contains no soap, alkali or abrasives.
3. It quickly emulsifies cutaneous soil and facilitates its thorough removal by rinsing with water.
4. It emulsifies residual ointments and simplifies their removal from the hair or skin.
5. It leaves the skin feeling soft and cool.
6. Reports from ten clinics attest to its value.

Specify ACIDOLATE wherever soap is contra-indicated or inadequate. Supplied in 8 ounce and gallon bottles. . . . Literature and sample on request.

ACIDOLATE

TRADEMARK REG. U. S. PAT. OFF.

SCIENTIFIC SUBSTITUTE FOR SOAP

Distributed for **NATIONAL OIL PRODUCTS COMPANY** *by:*

RARE CHEMICALS, INC. HARRISON, NEW JERSEY + **GALEN COMPANY, INC.** BERKELEY, CALIFORNIA

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Proteins...Vitamins...Minerals

AS SOON AS LIQUIDS ARE RETAINED

The insult of anesthesia, tissue manipulation, unavoidable trauma, and enforced starvation sharply raise the nutritional requirements of the postoperative patient. Hence feeding must be started as early as possible to prevent too great a nutritional imbalance. Also, recovery is hastened and strength is gained more quickly when postoperative metabolic needs are supplied adequately.

Usually tolerated as early as liquids are retained, Ovaltine as a beverage provides a simple yet highly effective means of improving the nutritional state of the postsurgical patient. Its essential nutrients, well balanced and generously supplied, are in easily assimilated form. Thus the digestive burden is materially reduced. The delicious taste of this food drink proves appealing to all patients, young and old, making Ovaltine acceptable when many other foods are refused.

THE WANDER COMPANY, 360 North Michigan Avenue, Chicago 1, Illinois

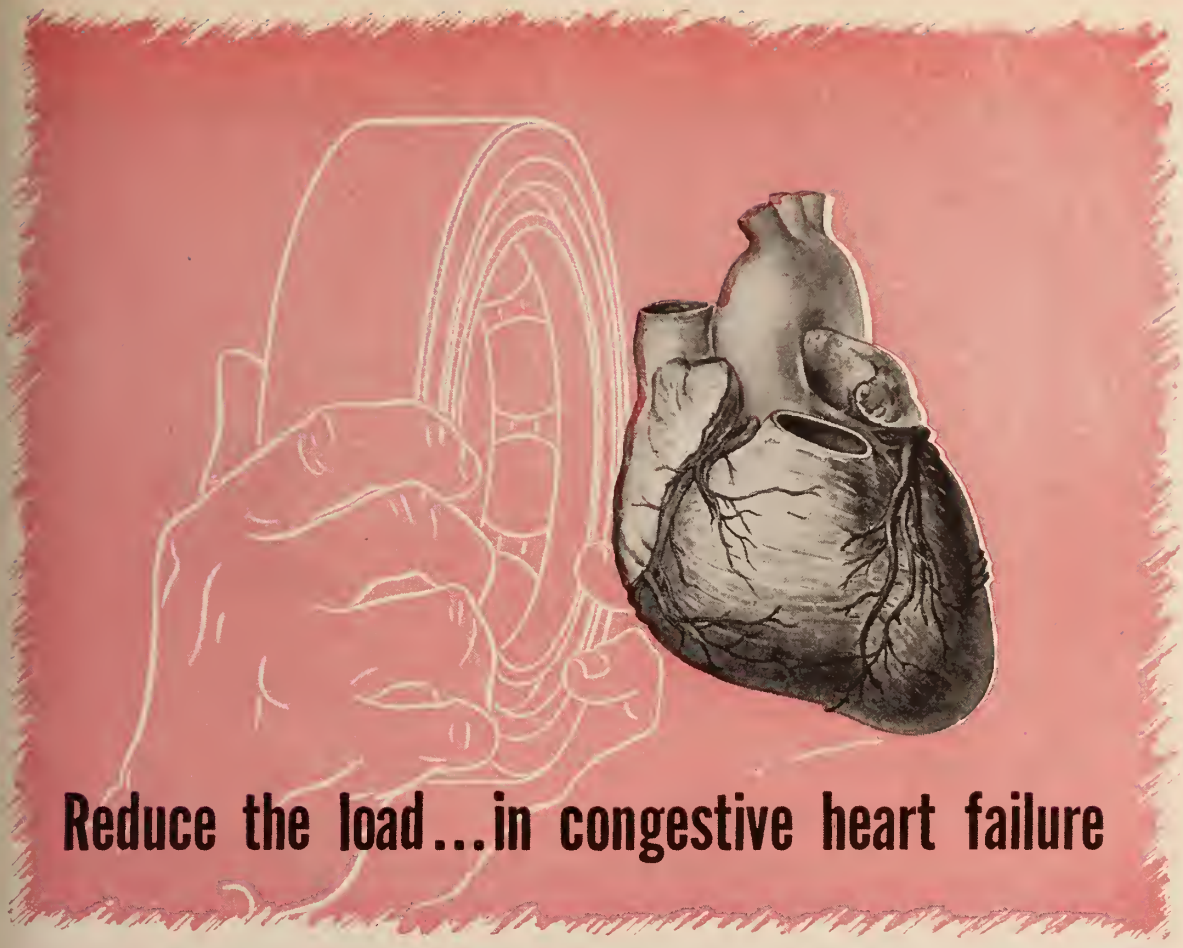


Ovaltine

Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A	1500 I.U.	2953 I.U.
CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	3.0 mg.	5.0 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.

*Each serving made with 8 oz. of milk; based on average reported values for milk.



Reduce the load...in congestive heart failure

More efficient heart muscle function is permitted when the cardiac burden of the decompensated heart is decreased. The promotion of diuresis is an important factor in breaking the vicious circle of congestion, edema and the resultant increased circulatory resistance.

SEARLE AMINOPHYLLIN*

produces a gratifying increase in glomerular filtration without appreciable increase in tubular reabsorption. In appropriate dosage its therapeutic action is equally effective, whether given orally or parenterally. This permits the administration of Searle Aminophyllin both in acute emergencies and in chronic congestive heart failure.

INDICATIONS: Bronchial Asthma • Paroxysmal Dyspnea • Aid in Preventing Anginal Attacks • Cheyne-Stokes Respiration • Selected Cardiac Cases

In all usual dosage forms.

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*Contains at least 80% anhydrous theophyllin.

SEARLE

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Physicians know from clinical experience

the reliability of

Pil. Digitalis

(Davies, Rose)



They conform now,
as in the past,
with U.S.P. requirements

Each pill is equivalent to 1 U.S.P.XII Digitalis Unit. "One United States Pharmacopoeial Digitalis Unit represents the potency of 0.1 Gm. of the U.S.P. Digitalis Reference Standard."—U.S.P.XII.

Made from Powdered Digitalis Leaf, PIL. DIGITALIS (*Davies, Rose*) present all of the therapeutic principles obtainable from the drug.

Standardized according to Pharmacopoeial requirements, they permit a uniform and accurate dosage.

These freshly prepared, standardized pills are put up in bottles of 35, forming a convenient package for the physician's prescription, obviating the necessity of rehandling.

Sample for clinical trial sent on request.

DAVIES, ROSE & COMPANY, Limited

BOSTON, MASSACHUSETTS, U.S.A.

D19



The discovery of penicillin and of its wonderful power to successfully combat death-dealing germs has brought medicine to new heights of ability to cope with many hitherto baffling ills that beset the human body.

The intriguing story of how officials of pharmaceutical concerns gave penicillin production the "green light" and, with the invaluable aid of governmental agencies, feverishly planned for an adequate production—how mycologists, bacteriologists, chemists, and chemotherapists worked day and night—how 22 companies poured $25,000,000 to $30,000,000 into this enterprise—comprises a never-to-be-forgotten episode in the saga of American pharmaceutical industry.

We are proud that Roche has kept in full step with the great march of scientific and engineering progress which ere long will place the wonder drug—penicillin—in the hands of every physician . . . HOFFMANN-LA ROCHE, INC., ROCHE PARK, NUTLEY 10, N. J.

PENICILLIN 'ROCHE'

There is an important difference between Acidophilus and Buttermilk

FROM TIME TO TIME, many physicians may ask themselves, "Shall I prescribe *buttermilk*—or would *Acidophilus* be worth its slightly higher cost?"

If the disorder under treatment is intestinal, a helpful guide is this: *It is an established fact that the only organism in the sour milk group which will live and grow in the intestinal tract is L. acidophilus . . . present only in Acidophilus.*

In prescribing Acidophilus, remember that Walker-Gordon Acidophilus has three important advantages:

1. It is prepared from Walker-Gordon Certified Milk (2% butter-fat)—acknowledged to be the finest milk in the world.

2. The L. acidophilus present are a highly active strain of human origin.

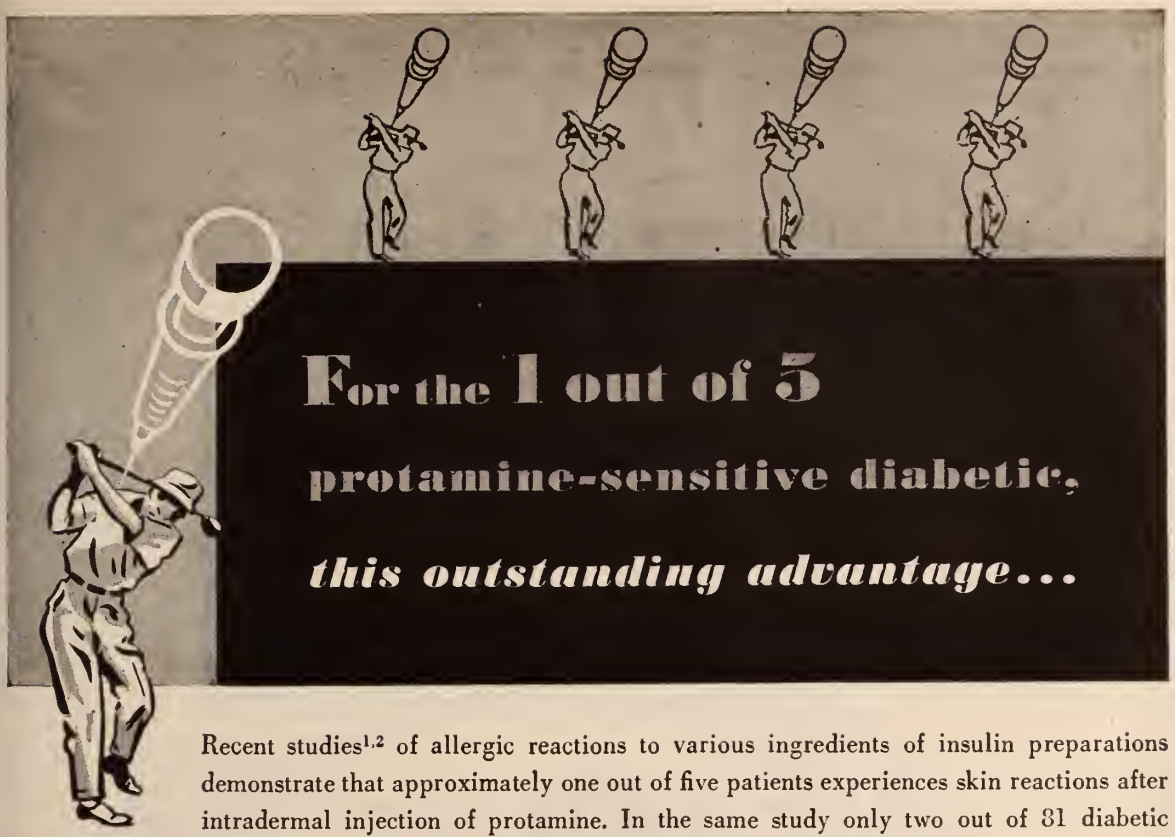
3. Tests at times of bottling show bacilli counts averaging over 500,000,000 per c.c.—considerably above the acceptable standards.

We believe that it is impossible to buy a more effective Acidophilus—anywhere

WALKER-GORDON
Acidophilus

(For information on clinical tests with Walker-Gordon Acidophilus, write to Walker-Gordon Laboratories, Inc., Plainsboro, New Jersey.)

Phone the nearest Borden branch, or call WAlker 5-7300. Or order it from your milkman.



For the 1 out of 5

protamine-sensitive diabetic,

this outstanding advantage...

Recent studies[1,2] of allergic reactions to various ingredients of insulin preparations demonstrate that approximately one out of five patients experiences skin reactions after intradermal injection of protamine. In the same study only two out of 81 diabetic patients exhibited sensitivity following the intradermal injection of globin.

Bauman,[1-3] and Duncan,[4] as well as others, have reported that patients who suffered from severe skin reactions following the use of protamine zinc insulin obtained immediate relief upon changing to globin insulin with zinc.

WITH 'WELLCOME' GLOBIN INSULIN WITH ZINC, these other advantages:

A single injection daily of 'Wellcome' Globin Insulin with Zinc will control many moderately severe and severe cases of diabetes, helping to reconcile patients who resent more frequent injections. Timed to achieve morning onset of action and then maximum effectiveness during the afternoon, 'Wellcome' Globin Insulin with Zinc provides control during peak eating and working hours. Diminishing action after 16 hours allays the dread of "night shock".

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

'Wellcome' Globin Insulin with Zinc, a new advance in insulin therapy, is a clear solution permitting a more uniform dosage. It was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Pat. No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Reg.

(1) Page, R. C., and Bauman, L.: J.A.M.A. **124**:704 (March 11) 1944. • (2) Bauman, L.: Bull. N. E. Med. Cen. V:17-21 (Feb.) 1943. • (3) Bauman, L.: Am. J. Med. Sc. **198**:475 (Oct.) 1939, ibid. **200**:299, 1940. • (4) Duncan, C. G., Diseases of Metabolism, Phila., Saunders Co., 1942, p. 782.

'WELLCOME' GLOBIN INSULIN WITH ZINC

Literature on request

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When you say to parents, "have your child's eyes examined", specify your colleague, the Eye Physician (M.D.), for the best protection of their young eyes.

The prescription (if necessary) to be filled by a Guild Optician who specializes in the fitting of frames and the accuracy of lenses.

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¼, ½ and 1½ grains.

LUMINAL ELIXIR
¼ grain per teaspoonful

LUMINAL SODIUM TABLETS
¼, ½ and 1½ grains for oral use.

LUMINAL SODIUM AMPULS
2 and 5 grains for injection.

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PHENOBARBITAL

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SAFETY

OF INTERNAL MENSTRUAL PROTECTION

Tampax menstrual tampons are more than merely *adequate* for catamenial protection...they possess a wide margin of safety, particularly on prolonged use.

Careful and extended research by authorities in different parts of the country—involving studies on bacterial flora, hydrogen ion concentration, vaginal mucosal biopsies, glycogen determinations and gross examinations in hundreds of cases—has failed to reveal any untoward results from the regular use of this form of menstrual hygiene.

For instance, one investigator[1] reports, "By exact research in 218 women who wore tampons regularly during their menstruation for one year and over, no production of irritation or discharge, vaginitis or cervicitis was found."

Another[2] states that, in 110 subjects using tampons throughout each period for a minimum of one year to a maximum of two years, "there was no evidence of any irritation of the cervix or vagina by the tampon."

A third clinician[3] (with a series of 21 subjects) writes that "no evidence was observed of any infection carried by the tampons."

Finally, the general consensus would seem to indicate that intravaginal menstrual protection will not cause blocking of the flow or cramps—rather that "tampons actually acted as a wick to draw away the blood from the cervix."[1]

Thus, Tampax can be soundly recommended to patients of menstruating age—on the basis that "the evidence is conclusive that the tampon method of menstrual hygiene is safe, comfortable and not prejudicial to health."[4]

(1) West. J. Surg., Obst. & Gyn., 51:150, 1943. (2) Am. J. Obst. & Gyn., 46:259, 1943. (3) Clin. Med. & Surg., 46:327, 1939. (4) Med. Rec., 155:316, 1942.

TAMPAX *accepted for advertising by the Journal of the American Medical Association*

TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply of the three absorbencies of Tampax.

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TO PLACE MORE PENICILLIN

IN THE HANDS OF THOSE WHO NEED IT



PENICILLIN *Schenley*

WHEN the great need for Penicillin developed, it was natural that, with experience in the field of mycology and fermentation research, Schenley should turn its extensive facilities to this humanitarian cause.

The full-time services of our research staff were immediately applied to the task of perfecting a large-scale *Penicillin*-producing method. Progress was sufficiently successful to earn a place for Schenley among the 21 firms designated for production of the precious drug.

Today, *Penicillin* Schenley is augmenting the nation's supply of this valuable antibacterial agent. Our goal in these efforts is to aid in furnishing sufficient *Penicillin* to fill the fullest needs of both military and civilian medicine.

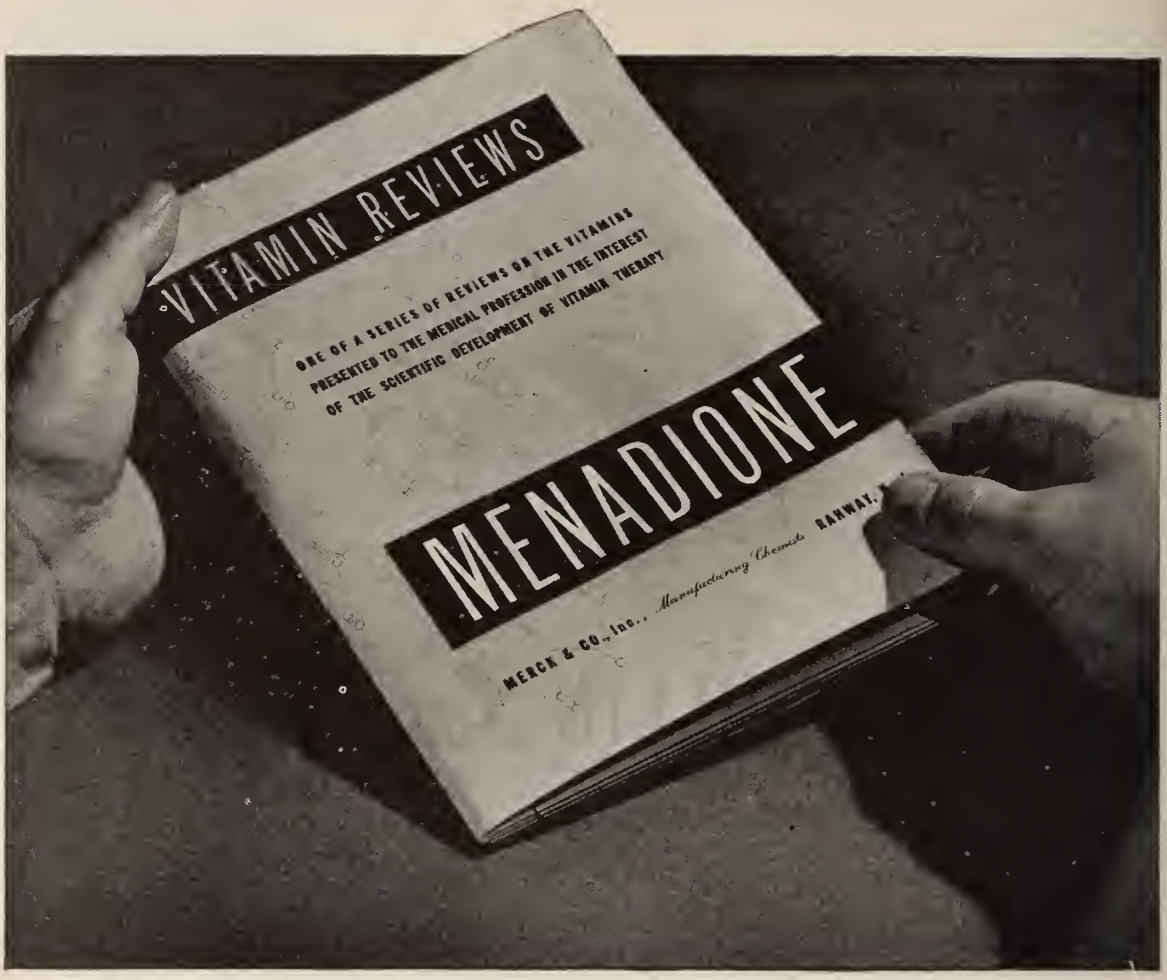
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. . . a report to the nation on the widespread activities of America's doctors at war. We believe you will find this program of interest. Your suggestions or comments are welcomed.

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In the event you do not have the first five booklets in this series, *Thiamine Hydrochloride*, *Nicotinic Acid*, *Riboflavin*, *Ascorbic Acid*, and *The Vitamins*, we shall be pleased to send you copies of these also. The coupon is for your convenience.

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Please send me a copy of your booklet *Menadione*. Also send me the following *Vitamin Reviews:*

.....THIAMINE HYDROCHLORIDE .....RIBOFLAVIN

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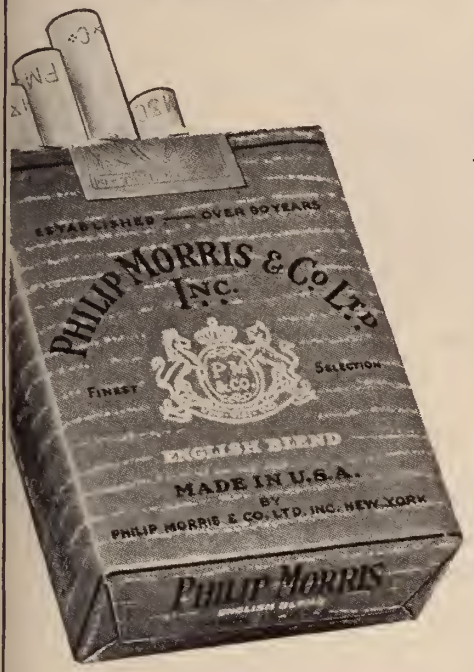
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less irritating



It is significant that no other leading cigarette has even *claimed* to be less irritating than PHILIP MORRIS!

PHILIP MORRIS Cigarettes are *made* differently. From a different formula. With a different effect on smokers' throats.

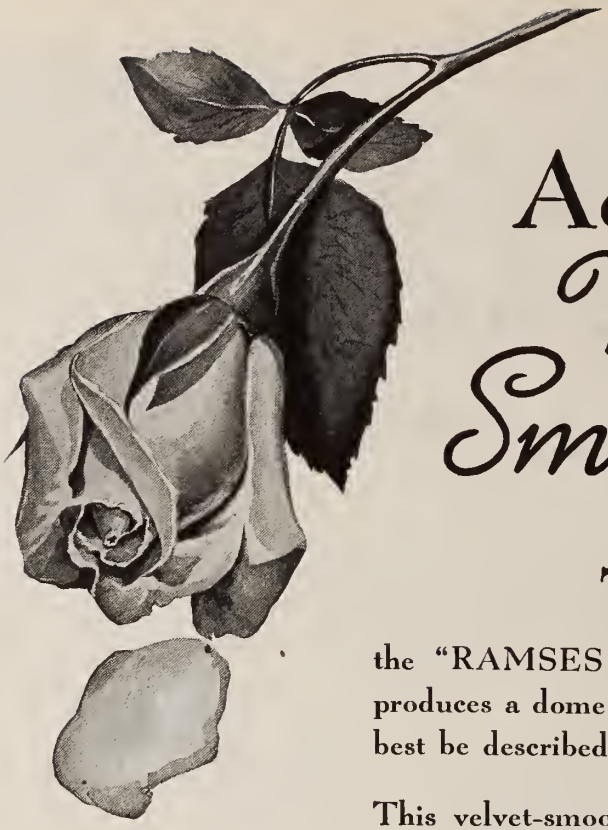
These are not mere statements. You can see the facts for yourself in published studies.* They showed conclusively, in both clinical and laboratory tests, made by fully accredited authorities, that irritation due to smoking is appreciably *less* on smoking PHILIP MORRIS . . . that PHILIP MORRIS are appreciably *more* desirable for smokers with sensitive throats.

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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

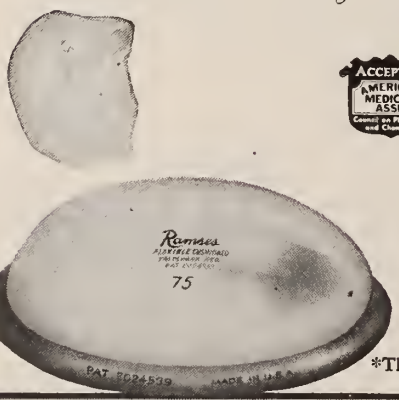


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The process used in manufacturing the "RAMSES"* Flexible Cushioned Diaphragm produces a dome which is soft and pliable and can best be described as being as smooth as velvet.

This velvet-smoothness lessens the possibility of irritation during use.

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when apathy prolongs convalescence

Many convalescent patients, faced with the "drab succession of dreary days", may develop a reactive depression which can markedly retard normal recovery.

This depression may manifest itself in symptoms of apathy, hopelessness or despondency, psychomotor retardation and subjective weakness.

Obviously, the physician should guard against undue stimulation. But when, in his judgment, a convalescent patient will benefit by a sense of increased energy, mental alertness and capacity for work, the administration of Benzedrine Sulfate Tablets will often accomplish the desired result.

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SULFATE TABLETS
(racemic amphetamine sulfate)

As with any potent therapeutic agent, Benzedrine Sulfate should be administered under the supervision of the physician. Indications and contraindications are set forth in N.N.R.

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NINTH NATIONAL ASSEMBLY

OF THE

UNITED STATES CHAPTER

OF THE

INTERNATIONAL COLLEGE OF SURGEONS

AT THE

BENJAMIN FRANKLIN HOTEL

Ninth and Chestnut Streets Philadelphia, Pa.

War, Rehabilitation and Civilian Surgery

The Medical Profession is cordially invited to attend

Opening Session: October 3, 10 A.M. to Noon. 2 P.M.—5 P.M.
Sessions: October 4-5, 9 A.M. to Noon. 2 P.M.—5 P.M.

SPEAKERS

DR. FREDERICK M. ALLEN, New York City
DR. ROGER ANDERSON, Seattle, Wash.
DR. HARRY E. BACON, Philadelphia, Pa.
DR. WM. SEAMAN BAINBRIDGE, New York City
DR. MOSES BEHREND, Philadelphia, Pa.
DR. ALBERT A. BERG, New York City
DR. HARVEY E. BILLING, JR., Los Angeles, Calif.
DR. JOHN E. CANNADAY, Charleston, West Va.
DR. LYMAN WEEKS CROSSMAN, New York City
DR. G. DeMUTH, Vancover, B. C.
DR. BEN ROBNETT DYSART, Pasadena, Calif.
DR. BENJAMIN I. GOLDEN, Elkins, West Va.
DR. CHARLES M. GRIFFITH, Washington, D. C.
DR. CUSTIS LEE HALL, Washington, D. C.
DR. RICHARD H. LAWLER, Chicago, Ill.
DR. ELIAS D. LAWRENCE, Paterson, N. J.
DR. OSWALD SWINNEY LOWSLEY, New York City
DR. WILLIAM A. LELL, Philadelphia, Pa.
DR. CLIFFORD B. LULL, Philadelphia, Pa.
DR. NICHOLAS MICHELS, Philadelphia, Pa.
DR. ROY W. MOHLER, Philadelphia, Pa.
DR. AUSTIN T. MOORE, Columbia, S. C.
DR. JOHN ROYAL MOORE, Philadelphia, Pa.
DR. THOMAS B. NOBLE, JR., Indianapolis, Ind.
DR. GEORGE MORRIS PIERSOL, Philadelphia, Pa.
DR. DESIDERIO ROMAN, Philadelphia, Pa.
DR. KARL SCHLAEPFER, Milwaukee, Wis.
DR. FRANCES I. SEYMOUR, New York City
DR. THOMAS A. SHALLOW, Philadelphia, Pa.
DR. SAMUEL R. SKILLERN, Philadelphia, Pa.
DR. EDMUND B. SPAETH, Philadelphia, Pa.
DR. MAX THOREK, Chicago, Ill.
MISS HELEN S. WILLARD, Philadelphia, Pa.
DR. ASHER WINKELSTEIN, New York City

Among the Subjects are the following:

"Surgical Shock and Its Treatment"; "Cancer of the Rectum and Pelvic Colon with Special Reference to the Preoperative and Postoperative Treatment"; "A Survey of Surgical Results in Cancer"; "Ulcerative Leiomyoma of the Stomach"; "The Preservation of the Sphincter Ani in Radical Operation for Cancer of the Rectum"; "Muscle Reineration"; "Diabetic Gangrene Involving the Sinus"; "Massive Single Doses of Sulfa Drugs"; "The Rehabilitation of the Ex-Members of the Armed Forces by the Veterans Administrator"; "Osteotomy for the Treatment of Ununited Fractures of the Femoral Neck"; "Gastric Surgery"; "Saphenous Vein Ligation"; "Plastic Operations Upon the Kidneys"; "Observations on the Bronchoscopic Insufflation of the Sulphonamids into the Tracheo-Bronchial Tree"; "Caudal Analgesia"; "Variations in the Arterial Blood Supply of the Liver, Gall Bladder, Stomach, Duodenum and Pancreas"; "Massive Bone Defects"; "Rehabilitation"; "Lingual Goiter"; "The Responsibility of the Surgeon in the Preservation of Human Fertility"; "Radical Treatment of Carcinoma of the Esophagus"; "History and Practical Application of the Tubo-Valvular Gastrostomy"; "Occupational Therapy in Rehabilitation"; "The Relation of Gastric Acidity to Recurrent Ulcers After Partial Gastrectomy".

PROGRAM

ROUND TABLE DISCUSSIONS

October 3, 4, 5 — 9 A.M. to Noon. 2 P.M. to 5 P.M.

SERVICE NIGHT: Tuesday, October 3, 9 P.M. SPEAKERS: Dr. Charles S. Griffith, Veterans Administration; Captain Howard H. Montgomery (M.C.) U.S.N.; Major General George F. Lull, M.C., U.S.A.; Vice Admiral Ross T. McIntire, M.C., U.S.N., and others.

CONVOCATION: Wednesday, October 4 — 8 P.M. CONVOCATION ADDRESS: Dr. Morris Fishbein.

DINNER: (Informal) Thursday, October 5, 7.30 P.M.

SPECIAL EXHIBITS: PAINTINGS: "The Seven Ages of the Physician," "Pioneers of Medicine"—Rehabilitation, Scientific and Technical Exhibits. Motion Pictures.

Complete program mailed on request
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Ralph E. Osborne, Business Manager
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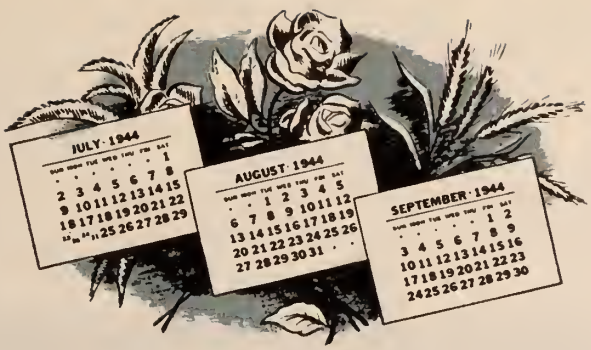
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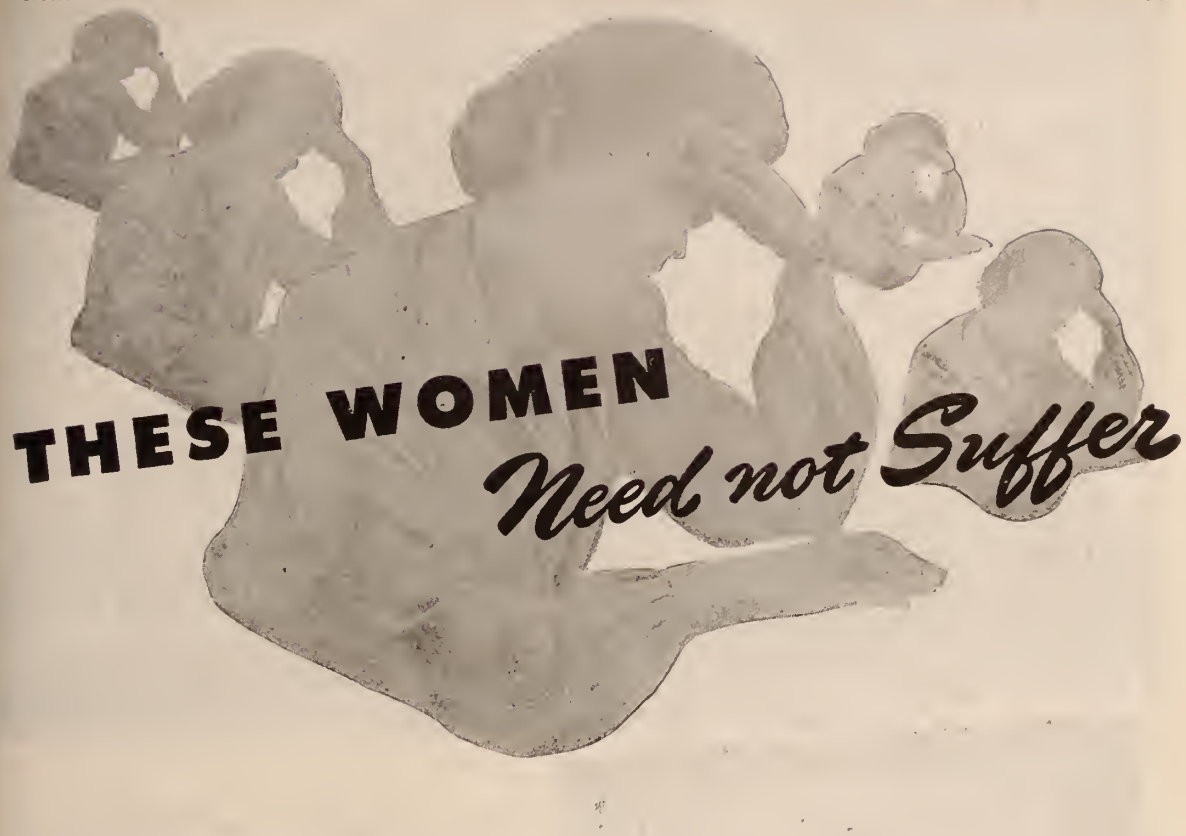
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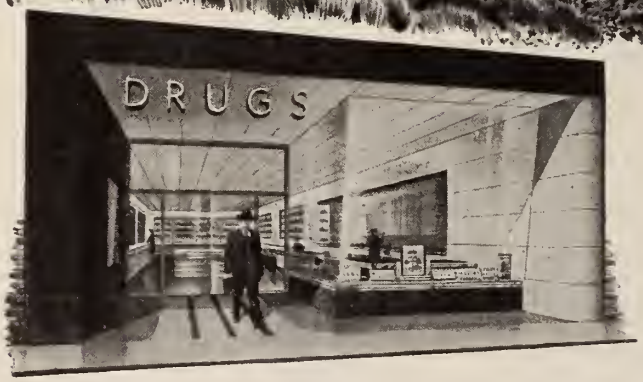
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THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 480

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.

Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 8 August, 1944 Single Copies. 30 Cents
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EDITORIALS

PENICILLIN IN PEDIATRICS

Most of the characteristics of this drug commend it to pediatric practice because:

I. Its non-toxicity makes it more safe to use in children and small infants.

II. It is effective in infections caused by the staphylococcus and pneumococcus. These are two of the important bacteria attacking children.

III. It is successful in treating the diseases of the respiratory and central nervous system, and promises success in treating alimentary infections.

The lack of toxicity is particularly important. This permits the use of larger doses. The staphylococcus and pneumococcus have ever been among the most deadly enemies of infants and children. Any addition to our armamentarium against them is welcome.

The diseases of the respiratory tract are too often not responsive to treatment. The sulfonamides are limited in their effectiveness. Penicillin, it appears, fills a gap, the same may be said of the meningeal and cerebral infections. Its place in the treatment of congenital syphilis is not yet established. Here is a field for further fruitful results.

The wonderful result accomplished by the work of Dr. Coit is further enhanced by the discovery of this drug. Although not much use has been made of it in diarrhea some of us have had what would appear to be promising results; further, careful observation will be made in this

field, particularly for newborn epidemic diarrhea.

As said above, the dosage is almost the same as in adults. Even in small infants this is not reduced more than half. Its ready solubility is a further help, as space cannot be found for injections of large amounts in our little patients.

Chester R. Brown, M.D.
Arlington, N. J.

THE NEW MEDICAL-SURGICAL PLAN CONTRACT

The new contract to be issued by Medical-Surgical Plan is designed to correct defects demonstrated during its first two-year period of operation and to meet the criticisms and suggestions of Participating Physicians and those County Societies which have not as yet approved the Plan.

The contract has been approved by the Department of Banking and Insurance and by the Board of Trustees of the Society, as meeting the laws of New Jersey and as being a correct approach by the profession to the solution of the medical distribution care problem, by a method which will maintain the independence and dignity of the physician and his patient.

Evolution of this contract required first, an amendment to the original enabling act of the Plan, and then several months of intensive work and study by the Board of Trustees of the Plan. The Board believes the contract now meets the criticisms expressed by some of our County Societies, and looks forward to the early participation of all County Societies and all members as requested by action of the House of Delegates. Reference to certain details of the contract appear on another page of this *Journal*.

HOSPITAL RESIDENTS FOR OCTOBER, 1944

On July 13, 1944, New Jersey Procurement and Assignment Service received word from the Central Board of Procurement and Assignment Service that it would be impossible to grant all the requests (Form No. 218—Revised) which had been received from New Jersey hospitals for deferment of commissioned Interns to act as Residents as of October 1, 1944. Forty-two requests have been granted. Fifteen requests cannot be granted. The quota for New Jersey is 73 residents, of which 50 per cent, or 37 should be procured from among women physicians or physicians not eligible for military service.

Requests for deferment were forwarded to the Central Board in the order in which they were received in the State Office. Such requests were submitted at a slow rate during the several weeks after hospitals were notified to have their requests in the office before the deadline of June 15, 1944. During the week or two preceding June 15th many requests were received. All were forwarded, in the hope that sufficient deferments would be available to fill all requests. We believed

they might be granted for the following reasons:

About 80 per cent of the State quotas are available this year on October 1st from among graduates of medical school classes of December, 1943. The remaining percentage (20 per cent) of the quotas is available from among the graduates of schools which graduate their students at odd months during the nine-month period, between December and June, and available for deferment nine months later. Hospitals had neglected to request deferments from among these odd-month graduates, thus building up a national back-log of several hundred which would still be available October 1st, in addition to those available from the graduating classes of December, 1943. It was felt that some states would not request deferment of their full 50 per cent of commissioned Interns, thus allowing an increase in those available to other states.

The assumptions contained in the above paragraph occurred as anticipated but the number of men available was not sufficient to meet all needs. There was available for New Jersey only four more residents than called for in our quota. The Armed Services have agreed to allow deferment on a basis of one-third of the medical school graduates during any nine-month period. This is sufficient to allow for deferment to fill 50 per cent of approved residencies. Therefore there is a specific and limited number of men available for each period.

We are informed that the Central Board acted upon requests in the order in which they were received in the Office of the Central Board, and it was anticipated that the Armed Forces would be able to issue orders delaying active duty for each man approved for deferment. This was possible until nearing the deadline date of July 15th when requests became so numerous that each request had to be given careful consideration and each request received after the deadline date disapproved. In considering the applications individually, we are informed that the Central Board and Armed Forces based their decision of choice upon:

1. Date upon which request for deferment had been received.
2. The total quota of the hospital.
3. The percentage of the hospital quota to be filled by commissioned officers.
4. Type of service to be performed by the applicant.
5. Total number of Intern-Resident Staff of the hospital.
6. Preference given those applicants who were to continue as residents in the same hospital in which they had served as interns.

We still have hopes of improving the situation as it will exist on October 1, 1944.

Deferments which have been approved by the Central Board and concerning which the hospital has been notified still stand approved, awaiting the availability of a commissioned man to fill the position.

There will be available after October 1st the 20 per cent of odd-month graduates. Hospitals whose quotas have not been granted are urged to submit applications for men graduating from December to June who they would like to retain as Residents for a nine-month period dating from the day of expiration of their nine-month internship.

ORIGINAL ARTICLES

PLANNING FOR MEDICAL SERVICE IN THE POST-WAR PERIOD *

JAMES E. PAULLIN, M.D., President, The American Medical Association

Some two years ago, at a meeting of the American Medical Association in Atlantic City, I was honored by the House of Delegates with the office of President-Elect of the greatest medical body in the world. I accepted that office with a great deal of reluctance, because I felt that under war-time conditions I would not be able to fulfill all the duties made necessary by our participation in World War II.

Since then the officers, the official family, various bureaus and councils of the American Medical Association have exerted every possible effort to accomplish the one purpose of winning the war.

Other problems are connected with that of winning the war. We have contributed approximately 55,000 physicians from the medical profession to the military services, which is at least a third of the effective physicians in the United States, who are now administering to the wants of our boys and girls who are fighting for the principles of liberty for which you and I stand. Then we, as a profession, deserve some consideration in planning for the peace which is to follow this war.

As a result of the planning of the officials of your Association, certain rather definite plans have emerged which I think are worthy of your attention, representing some of the few activities of the American Medical Association in its effort to be of service to the men and women who are in the military service.

While we seemingly have already given as many physicians as we can spare, yet we have not, and there still is a call from the Army and from the Navy for more volunteers, more physicians to fill much-needed places for the care of the sick and wounded, and for the rehabilitation of those who have been injured when they come back to us from the fighting fronts.

Now, what have we done to demonstrate that we have planned to meet some of the present needs and future requirements?

First, there has been organized through the American Medical Association, with the American College of Surgeons and the American College of Physicians coöperating, the War-Time Graduate Medical Meetings. The faculty consists of some 150 consultants and 1,600 teachers drawn mostly from civilian and some from military life, who have volunteered their services to go into the twenty-eight zones in the United States, and into the military hospitals, both of the Army and Navy, and give refresher courses, ward rounds, clinics, round table discussions, and clinical demonstrations to physicians who are on military duty, and to keep them informed of the latest advances in medicine occurring in civil practice. The enthusiasm with which these courses have been received, and the requests for more of such type of instruction, have been most gratifying.

Through the Post-war Planning Committee of the American Medical Association, in cooperation with other groups, we are now studying problems that will concern doctors in the military service when they return home, and we are attempting to ascertain what type of work they wish to do when they return. A questionnaire has been mailed to 3,000 physicians in the armed forces (with the approval of the Surgeons-General of the Army and Navy). By this means each one will have an opportunity of expressing his preference for the type of post-war work he would prefer doing. When this information is accumulated we will have sufficient data to establish plans, and with the coöperation of the Council on Medical Education and Hospitals, of the American Medical Association, and the Association of the American Medical Colleges, the American Hospital Association, and the Catholic Hospital Association, we hope to have a pro-

* Presented at the President's Banquet, 178th Annual Meeting of The Medical Society of New Jersey, Wednesday, April 26th, 1944.

gram outlined whereby the twenty-odd thousand young men who are now in the military service (which number will gradually increase as the war lasts from year to year) who have never engaged in the private practice of medicine, can receive aid in establishing a location.

There also will be a large number of younger physicians who have had only nine months of intern training in civilian hospitals and three months additional in either Army or Navy hospitals. Something must be done for them in providing additional training. We hope to have an effective program outlined whereby with demobilization there will be available for these doctors assistant residencies, residencies, refresher courses, and training programs in various specialties, post-graduate courses, and fellowships to which they may be assigned according to their choice. This is not an easy job. It is difficult, but is being worked on from day to day and as statistics are gradually being accumulated these will help in perfecting this type of service. Fortunately we already have established and working a very beneficial group for assisting in this particular problem. The Procurement and Assignment Service, through its State Committees and through its County Chairmen, have accumulated a sufficient amount of data to be of great help in this undertaking.

The problem of medical education and furnishing a continuous supply of physicians is now giving us tremendous concern. As you undoubtedly know, a recent directive from General Hershey states that on and after July 1, 1944, there will be no deferment for premedical students. This means that all premedical students who by July 1st have not already begun the study of medicine will be subject to induction into the Armed Forces if they are over 18 years old.

As you know, the Army contracted to take 55 per cent of the places available in medical schools during 1945. They now find that they will not need this number and will fill only 28 per cent. This leaves a hiatus of 27 per cent of unfilled places which must be supplied if medical education is to progress in the future as it has in the past. According to present rulings these places must be filled from men classified as 4-F's, or women.

The Navy contracted to fill 25 per cent of the places. They are going to do that, and perhaps more, up to 31 per cent, but even then we are left with approximately 40 per cent of vacancies in medical schools which must be filled by those who are physically disqualified for military duty or by women. That is a serious problem. It means, as we visualize it, that before very long the civilians will have no one graduating from medical school who can render medical care to the civilian group of this country.

As to what can be done it is difficult to say at the present time. Representation has been made to the Secretary of War, and to the Secretary of the Navy, hoping that it will be possible to take many of the premedical students, put them on inactive duty and allow them to continue with their medical education.

The problem of civilian medical care is also one of considerable concern. Under the present training program we graduate every 12 months approximately six thousand doctors. According to the present method of allocation 20 per cent of them, or twelve hundred, will be available for civilian medical service. When you are reminded that civilian medical care today is the responsibility of approximately ninety thousand doctors, most of them over forty-five years of age, it is evident that the mortality in this group is going to be quite high and will increase because of the stress and strain of added work, so that twelve hundred additional civilian practitioners out of each graduating class, with 3400 deaths occurring each year in this group, leaves approximately two thousand doctors short each year.

Medical education is in for a considerable amount of revamping. The accelerated training program of compressing four years of medical schooling into three years and the institution of the 9-9-9 program, with nine months of internship, is experimental and made necessary because of the present emergency. We do not know whether this is good or whether it is bad. It must be judged later on its merits. Our experience so far in the emergency leads us to believe that it is work-

ing fairly well. As to what the future holds no one can prophesy. At any rate, we are supplying a much-needed service and, fortunately, most of these boys are getting good medical training.

The redistribution, the location and the relocation of physicians is of great importance. We hope through the organization of a national committee that it will be possible to prevent many of the mistakes that followed World War I, and to prevent the concentration of large numbers of physicians in large cities. This can only be done, in my judgment, by providing necessary facilities in small communities for these doctors to practice the type of medicine for which they have been trained. It is absolutely foolish to think that any well-trained physician would locate in a community where he had no laboratory, or electrocardiographic facilities to practice medicine when he has been taught to depend on these aids to give good medical care to his patients. Provision should be made to help communities to provide these aids. This is not a responsibility of the medical profession. It rests with the community, with industry, local and state governments, to see that adequate technical facilities are available for a physician if that community wants good medical care.

We hear a great deal, as has already been said by your President, about our new Council on Medical Service and Public Relations. I do not think many of you realize the extent of the problems which the House of Delegates of the American Medical Association threw into the laps of this Council. They have to do with so many phases of medical activity and of service with which most of us were not familiar except in a general way that we have had to proceed about the task in an orderly way, and have studied many problems that came up as best we could. There has been some evidence of hysterical manifestations among some groups over the United States, demanding that we should meet, write out a policy, formulate a program, and then put it into effect pronto. There seemed to be on the part of so many an expression of that old-time urge which so many doctors have, "the need for action, do something, right or wrong, make a move".

There was too much at stake for this Council to be carried away by any such hysterical, ill-thought-out advice. They have had many meetings. There has been much discussion. Their recommendations have had in mind the good of the American people, which is the first consideration. The members of this Council have realized that the American people are social security-minded. The public, including the medical profession, approves of and desires the maximum of social security consistent with personal freedom. This approval ends at the point where private enterprise is threatened and personal initiative placed in jeopardy.

As has been brought to your attention before, this Committee opposes the Wagner-Murray-Dingell bill because it attempts to foist on the American people, under the guise of social security, a system of federally controlled medical care. This proposed system of political medicine is totalitarian in concept. It ignores and disregards the basic principles that have placed American medicine in a position of unquestioned leadership, and has given to the American people the best medical care available anywhere in the world.

All of you are undoubtedly familiar with the analysis of this bill which was made by the American Bar Association. It isn't necessary to read you their conclusions. They were published in the Journal of the American Medical Association.

In closing these remarks, which are a brief report on some of the activities which have taken place with your committees and the official family of the American Medical Association, of which your State Society is a component group, you have been represented by excellent men in the House of Delegates. They have made a wonderful contribution to the advancement of medicine. They are believers in those principles for which organized medicine has fought, and for which it stands today. "It is too bad that we, in a country such as this, are fighting a war on all fronts for the survival of free men and are seemingly losing faith in the very fundamentals which we, as

individuals and as a nation, claim as our birthright.

"Our real strength lies in individual freedom, which we consider a God-given heritage. Liberty and freedom represent the foundation stones upon which we have erected our national existence, and which we hope to make available for others. Much unrest exists in our country. The newspapers, the radio commentators, all speak of cruelty, of strife, of intrigue and general distrust arising among nations and among individuals. Everything, according to these sources of information, is strife and turmoil; nothing is peaceful, nothing but unhappiness makes the front pages of our newspapers. Such propaganda as this undoubtedly has its effect on the public, has an effect on their thinking, and on their behavior. We cannot allow such to continue long and we, as a people or as a nation, maintain our sense of justice and fairness to ourselves or to others. We of the medical profession have never been parties to this kind of thinking or this manner of procedure, yet within our own ranks there can be seen, among some, a beginning of this almost universal distrust of one's fellow man.

"We stand for the highest principles of medical education, scholarship, and training. We are interested in the quality of medical service, and we hope to show by example the way through truth and righteousness to a distrustful world to formulate methods of living in keeping with the fundamental principles upon which our Government was founded and upon which we, as a nation, have reached our present state of usefulness. 'We must needs practice freedom while we fight for it, so that in the end, when peace comes, we shall not have forgotten.'"

AN ANNOUNCEMENT TO THE DOCTORS AND PHARMACISTS OF NEW JERSEY

ROBERT P. FISCHELIS

With the permission of the Board of Pharmacy, I have devoted a part of my time each week to service with the War Production Board at Washington, D. C., ever since December, 1941. This service has been rendered at the request of the War Production Board, and for the past two and one-half years I have so arranged my work as to enable me to continue as Secretary and Chief Chemist of the Board of Pharmacy and at the same time direct certain activities in the War Production Board with respect to the civilian distribution of chemicals, drugs and health supplies.

I have been under considerable pressure for some time to increase my services to the War Production Board, and since the war situation has now reached a critical period, I have felt that it was my duty to yield to this pressure.

Accordingly, I have asked the Board of Pharmacy to release me for full-time service with the War Production Board as promptly as possible, and I have every reason to believe that the Board will comply with my request. This will mean giving up the work at Trenton which I began on August 1, 1926, and have been carrying for the past eighteen years.

I have given the Board my assurance that I shall give every assistance possible to my successor so that the Board activities carried on at Trenton will not suffer in any material respect. I am continuing my residence in Trenton and shall continue to function as President of the New Jersey Pharmaceutical Association until the next annual convention, which the Board of Trustees has decided to hold early in 1945, when we shall celebrate the Seventy-Fifth Anniversary of the founding of the Association.

I want to take this opportunity to express to you my appreciation of your interest in and coöperation with the New Jersey Board of Pharmacy during my service as its Secretary and to ask that the same cordial relationship may be continued with Mr. Adolph V. Palumbo, who has been a member of the Board since 1936 and who will succeed me in the near future. If I can be of service to you at any time, please feel free to call on me.

CAN VOLUNTARY HEALTH INSURANCE MEET THE NEED?*

E. A. VAN STEENWYK, Executive Director, Associated Hospital Service of Philadelphia, Philadelphia, Pa.

Recently the Governor of Rhode Island proposed a system of compulsory hospital insurance covering every employed person in his State. The uniqueness of Governor McGrath's proposal lies in the requirement that non-government carriers would be used exclusively, the carriers whether non-profit community plans or commercial insurance being only required to meet certain standards of service, rates and benefits which the State would set up.

The Social Security Board recently announced what everyone has known for years, that it favors Federal compulsory health insurance.

Various public opinion polls, which presumably follow public interest, have been conducted on health insurance.

Men in public office are willing to discuss the subject.

Labor and farm organizations have taken action for and against certain Federal bills now under consideration.

Almost every medical and hospital meeting includes some discussion of the issues in health insurance.

While little has been heard of the Beveridge Plan or the National Resources Planning Board Report during recent months, public interest here and abroad in these two reports was high only a short time ago.

These and other such items are straws in the wind, indicating public interest in health insurance.

The official policy of the American Hospital Association on compulsory hospital insurance, adopted by the House of Delegates at its last session in Buffalo, is forthright, clear and understandable. It says simply that as Americans we have learned that we must walk before we run, that our voluntary approach to the problem of providing hospital care to American people is now gaining strength and should be encouraged. It acknowledges that there are some areas of the hospital problem in which Federal assistance is desirable. But it asks Congress to defer consideration of any legislation on compulsory hospital insurance until the voluntary plans have demonstrated what they can do. It holds that the gains which our nation might obtain through a Federal plan for distributing the costs of care may not be worth the loss of local control and the many benefits that result from voluntary action.

Most of those with knowledge of our nation's needs agree that some kind of additional Federal aid in providing for medical care is desirable, but this does not lessen the need for careful planning of all groups. It increases this need. All that is good in our present system ought to be continued uninterrupted and undiminished. The assumption that the job of providing medical and hospital care to American people has been accomplished once a pronouncement has been made by a Government agency is dangerous indeed. Any program such as contemplated under the most recent bill will require coöperation of hospitals and doctors. It is only reasonable, therefore, that private medicine and voluntary hospitals do their share of the planning, and make themselves heard.

While certain needs point to Government assistance and coöperation, the Federal Government should not undertake what the people can do for themselves. One of the founders of our Republic, Thomas Jefferson, who must have considered all of the patterns of Government before participating in shaping the American dream of free men, had this to say about Government action, "I am not a friend of a very energetic Government; it is always oppressive." If the people themselves can do the job by voluntary means, incalculable good for the public welfare will result.

What are the merits of a voluntary system? What advantages, if any, have local controls over Federal control? Is it true that voluntary

* Read before the General Session of the Annual Meeting of The Medical Society of New Jersey, April 27, 1944.

agencies cannot cope with a national problem of providing health services? Which system will provide most to the public for the least money? Is there a compelling need for considering a compulsory program at this time? Must America follow the social insurance pattern of other nations? These are some of the questions we find ourselves asking.

As medical men, you may have answered these questions to your own satisfaction, but public opinion on the subject indicates that the public is interested in health insurance. Whether the state controls or whether insurance is offered on a non-governmental basis does not at the moment seem of greatest public interest. The public wants a superior product and seems in a mood to buy.

The purposes of the Social Security Board and other groups favoring the current legislative proposal is to distribute medical and hospital care more widely and to develop a system of care which will be more effective for both those who receive and those who provide the service. Extending between such announced purposes and their achievement, however, is a wide gulf which must be bridged.

Four different methods of organizing American health services on a community payment basis are being considered by various groups: The first, extension of the voluntary non-Government Plans already organized and operated, using the insurance method but administered by non-profit agencies and controlled by managing boards representative of public, medical and hospital interests; the second, Federal compulsory health insurance, the Government to be carrier and manager of services and to be financed by adding another tax to the present Social Security payroll deduction tax; the third, State compulsory health insurance using non-Government carriers; the fourth, public medical service available to everyone, the funds, however, being derived from general taxation. Each of these methods proposes to distribute the current cost of caring for the sick over all groups covered. Voluntary hospitals and private medicine favor the first method; the Social Security Board and certain other groups favor the second method; certain State officials favor the third method. The fourth method is now being used by certain countries with relatively low health standards and primitive health facilities. While international interest in this latter method is high, there has been little discussion of its application to America.

The disagreements on how medical care should be provided to American people rests upon different judgments as to the type and scope of the financial problem now before people and hospitals and doctors. Government spokesmen insist that the situation is acute for the individual and that immediate revolutionary tactics must be employed. Those who believe that voluntary plans can meet most of the problems hold that the situation does not require such drastic action; that evolutionary methods may be effectively employed.

Blue Cross Plans are an example of what can be done voluntarily. These Plans began in the depression and are just getting into their stride. Fifteen million people are already protected against hospital bills. In New Jersey nearly 700,000 subscribers have been enrolled.

Member hospitals in the 77 approved Plans have 85 per cent of all non-Government beds enrolled. Plans are now operating in areas having more than 100,000,000 people. In areas with low-cost Plans enrollment of 40 to 75 per cent of the population has resulted. Several states have enrolled more than 15 per cent while three states have enrolled nearly a quarter of their population. What can be done in one place can be done in another.

Blue Cross Plans are non-profit, are regulated by the states in which they operate. They also regulate themselves through the American Hospital Association which grants the right to use the Blue Cross only to those meeting 14 searching standards. Officers and board members serve without pay.

In addition to the 15 million people covered by these non-profit Plans, five million are also covered by commercial hospital insurance, thus 20 million are now covered by non-Government hospital insurance. This is important evidence of what can be done voluntarily.

Hospital and medical care represent a kind of service which cannot be easily evaluated. In this respect it is akin to education. It's pretty

hard to measure the effectiveness of a health program or an educational program except by observing results. While the health of Americans leaves much to be desired, it is better than most national groups and considerably better than in any nation of comparable size. Part of this is the result of better food and a higher standard of living. But if it is true that the measure of the effectiveness of a health program is its product, credit must be given to the present organization of American health facilities and personnel.

I don't think that American people are ready for a compulsory health insurance program. I don't believe we are ready to pay for it. I don't believe we are ready to intelligently use such a program. It is obvious that we do not have the administrative personnel or the facilities to undertake so revolutionary a proposal. I believe that some day we may have the facilities and personnel and that by a gradual process of education which voluntary, not Government, agencies have been engaged in for many years, develop an attitude on the part of the American people which will make voluntary non-profit health insurance successful. The objectives claimed for a compulsory Federal program can be achieved voluntarily without taking the risks inherent in a compulsory Governmental approach.

The voluntary non-profit Plans are not a temporary expedient, as even some earnest friends suggest. They are, in fact, evidence that America is again forging a new way, developing a new pattern and new social and economic tools. The scientific advances made by American medicine and the phenomenal development of non-profit Plans will together maintain America's position of leadership in health.

If we follow the progress of the Blue Cross Plans, the sequence of events is as follows: In 1935 twelve Blue Cross Plans had an enrollment of 97,000 subscribers; by 1940 sixty Plans had an enrollment of 4,500,000; in 1942 seventy-three Plans had an enrollment of 11,000,000. Today seventy-seven Plans have enrolled more than 15,000,000 subscribers. Thirty-six states and the District of Columbia now have approved Blue Cross Plans. These states include nearly 90 per cent of the population of our nation. At every step of the way, at one million, at five million, at ten million, at eleven million, critics have evidenced a kindly interest—said this was the easiest part of the population to enroll—and expressed regret that a movement so well begun could not go on to enroll a larger proportion of the population. Now at fifteen million, when Plans are growing at a rate never dreamed possible, the comments are exactly the same. Won't the critics believe their own eyes? Can't those who talk so freely about a changing world realize that in this field too, changes have occurred—that what was true ten years ago isn't true today? In many areas Blue Cross has already enrolled more than 50 per cent of the population and enrollment continues with no reduction in rate. While it is true that nationally only little more than 10 per cent of the population has been enrolled, the national potential is as great or greater than the current achievement in any community or state.

Medical service plans, because the problem of managing the character of services and the multiplicity of their details while undertaking a new system of distribution is more complicated, are now in their early stages of development. But their groundwork has been laid in hundreds of medical society and industrial experiments. The hesitancies and doubts are beginning to be shaken out—administrative techniques which tie hospital and medical plans together are being demonstrated in many communities. Employers are beginning to assume their responsibility for the smooth operation of the system. This is not the time to say that as other nations have done—so must we. Fulfillment of a new and dynamic system of health services free from Governmental domination, offering a high level of service, economical and efficient because based upon local effort, is within the grasp of America. I submit that it is more reasonable for the Federal Government to encourage local non-profit plans to do the job that needs to be done. Under such a program of encouragement, the Federal Government could continue its rôle of coördinator, equalizer and general overseer, leaving the job of the care of the sick to local

agencies and personnel who are best able to handle this part of the problem.

The demonstrations that have been made are real. This discussion is not about abstract, untried plans. They're before us as events in which we have taken part. If they have any meaning at all, they indicate that when doctors, people, hospitals, employers joined hands to solve a problem in American life, the tempo quickened, greater areas were covered, the secrets of how the next steps were to be taken were unfolded, and the force of the movement they generated grew at a rate they could not themselves have anticipated. Who can say now that their limits have been reached?

Non-Government and non-profit health service plans can meet the needs and strengthen the whole fabric of medical care. They will need Government coöperation and in certain areas of the problem Government assistance, but they can do the job. There is not much to be gained in a discussion of Government medicine versus non-Government medicine in the abstract. Neither Government medicine nor non-Government medicine holds the answer to all of our problems; and among the arguments of the extremists of both sides, the only unanswerable ones are those which show the absurdity of the position of the other. The pressure to solve the whole problem quickly is not as real today as it was even five years ago. In addition to progress in meeting needs voluntarily, the income pattern of families today is vastly better. Even two years ago only one family in ten had an annual income of $3,000 or more. Today Department of Labor figures indicate that every third family in the United States has an annual income in excess of $3,000. Even if this were not true, will a revolutionary Federal payment plan make the services of 60,000 doctors and more nurses who are in military services available now?

The program of the American Hospital Association and Blue Cross Plans is not static. But neither does it pretend to solve all of the problems of providing health care in a legislative act. It relies upon the intelligent coöperation of the entire community including Government. It recognizes that we must learn to walk before we can run. Here is what we believe:

1. That provision should be made for Government financing of hospitals in rural areas where needed. Such financing should be on the basis of establishing self-liquidating enterprises. The Government should expect its money back from the communities assisted and should expect a modest interest return on the investment.

2. That the system of grants-in-aid to states should be extended providing for payment of hospital bills of public assistance categories not now provided for, particularly the aged, in non-Governmental hospitals.

3. That the Federal Government should grant payroll deduction for its employees so that Federal workers may have the benefit of non-profit group hospitalization and medical care. Precedent for this type of payroll deduction has already been established by similar authorizations provided by many states, counties and municipalities.

4. County and State Medical Associations in every part of the United States should sponsor medical service plans to parallel existing hospital service plans. These plans should be non-profit, should offer service contracts at the lowest possible rates and should be jointly administered.

Without involving the American Hospital Association or Blue Cross Plans, may I add:

5. That medical service plans and hospital service plans should jointly offer a service which will make diagnostic aids more readily available to general practitioners and the general public. This might be done through a system of health centers, providing for every part of the community and should be made available to every subscriber upon the order of his physician.

I know that there are those who counsel that a shift to the right is overdue—that the pendulum in social legislation so long on its left-

ward swing must now swing back, that safe inaction is the wisest course to pursue. I would remind you, however, that public desire for a more convenient way of paying for medical care has been strengthened by the plans which doctors and hospitals have themselves helped to establish. If these plans had not been organized, others would; there is no comfort in such speculation either. The proposition whether to proceed or hold back must, therefore, be considered on its own merit without fear of change. The war's conclusion, a huge national debt, possible widespread unemployment will require careful planning by every citizen. At worst our nation will face happier circumstances than other nations, but America's medical problem will be no different than any other nation's. The kind of care necessary for national security and well being is costly and must be maintained. In addition, the trend toward obtaining payment from even the lowest income group will increase, not diminish. The costs of medical care and the reduced incomes of those who in former years bore the heavy burden of costs makes it essential that the man who gets the service pay more of the bill. All Government or non-Government plans are based fundamentally upon this assumption.

As a nation we cannot afford to subscribe to the doctrine that the state should provide for all human wants. A reëxamination of our national aims and the direction we are drifting will convince even the most skeptical of this. But neither can we afford to subscribe to the equally foolish and hard doctrine that the state has no interest in the health of the people. Unless private medicine and voluntary hospitals coöperate in a program to meet needs that are now apparent, one of the greatest opportunities for public service any professional group has ever had will be lost by default. The dream of free men who worked together to solve their problems by founding this nation—less than 200 years ago—is in the balance. Your job and mine, as citizens and administrators of public trusts, is to see that we keep alive their faith.

ECONOMICS OF OBSTETRICS

The barriers to better obstetric care are more largely economic and educational than medical.

Physicians' charges for the obstetric service of normal delivery are generally nominal amounts of $25 to $50. Yet, in connection with the expenses of specialists' services, hospitalization and nursing, an economic problem does exist in obstetric care. The problem is to find a place in the family budget for the support of more fully trained obstetricians or more complete care from well trained general practitioners.

A monetary valuation of a newborn child at $9,000 and of an adult at $30,000 indicates a loss due to maternal and infant deaths of close to $1,850,000,000 annually—demonstrating the importance of good obstetric care in the economic status of the nation.

Government participation in payment for medical services, particularly for obstetric care, is definitely increasing. The medical profession is facing the decision of either opposing use of government funds except for the indigent sick or accepting government funds, provided the profession has full voice in the decisions concerning arrangements for distributing such funds. The economics of the problem point toward utilization of government funds under sound programs advanced by the medical profession.

Voluntary, nonprofit, prepayment medical plans are becoming of ever greater significance to the private practice of medicine—especially obstetric practice. The prospects for obstetric-gynecologic practice under prepayment is shown on the basis of experiences with the Michigan Medical Service plan, where $15.35 a year per family provides extensive obstetric-gynecologic surgery and fair fees for the physicians.

No amount of change in the present system of distribution and payment for medical service will affect the basic economic problem of sufficient income for every worker to make possible a higher standard of living—food, clothing and housing as well as medical care. —Laux, J. A. M. A., Vol. 124, No. 15, p. 1054.

SOME ASPECTS OF THE ABORTION PROBLEM*

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-SIX

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SCOPE OF THIS PAPER AND DEFINITION OF ABORTION

It is not our intention in this paper to enter into a theoretic discussion of abortion, but to discuss the matter from the standpoint of some of the practical problems that confront the gynecologist in dealing with abortion.

By the term abortion we mean detachment or expulsion of the ovum before the stage of viability. The term implies nothing concerning the causes or circumstances. Thus an abortion may be legal or illegal, induced or spontaneous, complete or incomplete, infected or clean. Abortions frequently present varied problems, such as medical problems, social problems, religious problems and economic problems, all of which the physician is called upon to face in dealing with his patients.

It is not our intention to say the last word or deal in finality with all these phases, but mainly to present for discussion some of these matters, knowing that we all must face these problems, and probably have some ideas regarding them.

INCIDENCE AND SIGNIFICANCE OF ABORTION

It is practically impossible to determine with any degree of accuracy the incidence of abortion. This is due to several facts: (1) Spontaneous abortions are rarely reported unless they are hospitalized. (2) Illegal abortions are intentionally concealed as long as possible. (3) Legal abortions form only a small fraction of the total number in most countries.

There are a number of factors which may influence the incidence of abortion, such as economic distress, the size of the family, marital dissatisfaction, illegitimacy, religion, race occupation, sense of responsibility, legal restrictions, health, age, etc.

The Ministry of Health in England reported that between 15 and 20 per cent of all pregnancies ended in abortion. In the New York University Clinic, Brunner and Newton reported that 72.7 per cent of all pregnancies were carried to viability, 15.8 per cent ended in spontaneous abortion, and 11.5 per cent ended in induced abortion.

From Soviet Russia, where abortion was legalized and could be performed almost for the asking, come some interesting statistics: In 1927 in Moscow, according to Taussig, there were 53,369 births and 40,001 abortions done legally. In the same year in Leningrad, there were 38,463 births and 53,562 legal abortions—more abortions than births. This is striking evidence of what happened in Russia when the legal restraints were removed.

The medical significance of the problem in America is important when it has been estimated that about 8,000 women die annually in the United States from the consequences of abortion. One is impressed by the tragedy of this situation from whatever viewpoint it is considered. The majority of criminal abortions occur in married women who are driven to desperation by an added responsibility which they cannot or will not carry. Students find that domestic difficulty and economic burdens outweigh illegitimacy in causing this condition. Russia has tried to solve this problem by removing conventional limitations, but the appalling results are evident in the figures cited. In spite of religious canon and secular decree, induced abortion has and still continues to exist. Every year it kills thousands of young women, deprives homes of children, and takes from the State many useful citizens. Physicians know the toll of abortions in this country and should therefore support efforts designed to diminish the same. In our contact with patients, we can occasionally render invaluable service to young couples who are about to act unwisely. At times we can quietly and reasonably discuss the situation and per-

* Read before the Section on Obstetrics and Gynecology of the Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

suade the young couple to allow pregnancy to continue to term. It is gratifying on occasions to find such patients grateful and happy in later years.

It might be interesting to know if the present World War and unsettled situation may have made any change in the incidence of abortion.

Our figures on this matter at Cooper Hospital are as follows:

In 1943 there were 2,290 deliveries and during the same time we treated 144 abortions (2 therapeutic; 142 accidental).

In 1942 there were 1,924 deliveries and 49 abortions (3 therapeutic; 46 accidental).

In 1941 there were 1,597 deliveries and 82 abortions (16 therapeutic and 66 accidental).

On the basis of this hospital census it would appear that there is a relative increase in the incidence of abortion, but there are too many other factors involved to make that deduction on these figures alone.

CLASSIFICATION OF ABORTIONS

Abortions may be classified from different viewpoints. But for practical purposes, they may be placed in two classes—spontaneous or induced. According to the committee on abortions, in 1939 apparently 60 per cent of all abortions were spontaneous and 40 per cent were due to illegal interference.

SPONTANEOUS ABORTIONS

In the case of spontaneous abortion we must be most concerned with the question of the cause, if we are to solve the problem intelligently.

The causes of spontaneous abortion may be classified as follows:

I. Intrinsic or ovulogenic
   1. Defective ova or spermatazoa
   2. Placental abnormalities

II. Extrinsic
   1. Gynecologic disease. (a) Mechanical disorders (retroflexion and cervical injury). (b) Tumors (uterine and ovarian). (c) Pelvic infections.
   2. Constitutional disease — e. g., syphilis and diabetes.
   3. Endocrine disorders—e. g., hypothyroidism.
   4. Urologic disease.
   5. Trauma—physical and psychic.
   6. Chemical poisons and drugs—e. g., lead, ergot, anesthetics.
   7. Irradiation.

From recent studies it appears that the commonest cause of spontaneous abortion is some malformation of the ovum. And the fact that these malformed and abnormal fetuses are aborted is a wise provision of nature.

This emphasizes the importance of studying the fetus in all cases of spontaneous abortion. If the fetus is abnormal, either the spermatogenic or the ovulogenic factor, or both, may be at fault and should be investigated with the thought of correcting or improving the situation.

Among the extrinsic causes of spontaneous abortion, gynecologic disease is very important and sometimes easily corrected. For example, such mechanical disorders as uterine retroflexion which can be overcome by a properly fitted pessary to support the gravid uterus until the pregnancy has ascended into the lower abdomen.

The matter of urologic diseases as a cause of abortion probably deserves more attention than most of us have given. In general, this condition causes abortion by producing local pain which reflexly stimulates uterine contractions; by producing renal insufficiency and uremia or profound intoxication and absorptive phenomena, according to Wharton. Hunner has shown that we may achieve remarkable results in these cases by carefully discovering and eliminating occult urologic disease. The fact that the urine is clear and sterile is no proof that the urinary tract may not be the cause of abortion. In any case of habitual abortion, cystoscopic study would seem to be advisable. Recent advances in chemotherapy have been tremendously helpful in bringing some of the conditions under control so that abortion arises less frequently.

Endocrine factors may be associated with increased irritability of the uterus. In such cases, one would suggest the use of corpus luteum hormone. We still make use of progesterone in these cases, but sometimes wonder if we are not just whistling in the dark. We feel, however, that it should be used if

no definite cause for the abortion is clear. In our experience the most satisfactory cases to treat endocrinologically have been those which have responded to thyroid therapy.

Constitutional disease, such as syphilis and diabetes, must always be kept in mind in these cases as well as the question of the patient's general health. These patients should have an adequate, well-balanced diet and perhaps some additional vitamins, including vitamin E. Spontaneous and habitual abortions, however, are not corollaries of malnutrition, since they are as common among the well fed as the poorly nourished.

To complicate this matter further we now have added the question of the Rh factor. This is an interesting subject, but time does not permit its inclusion in this discussion.

THREATENED ABORTION

Our problem here is twofold: First, the matter of treatment, and second, deciding when interference is necessary. We, of course, put these patients to bed, use sedatives, ice bags on the lower abdomen, and give progesterone by intra-muscular injections and by mouth. This treatment seems to work in some cases, but certainly not in all. When a threatened abortion becomes an inevitable abortion presents somewhat of a problem to those of us who want to deal with this matter honestly. How long should one carry out this treatment in the case of threatened abortion before deciding it is time to deal more radically with the situation? With the discovery in many cases that abortions are blessings in disguise because of fetal malformations, there has been a growing tendency to limit therapy designed to prevent abortion. Certainly if there is a history of fetal malformation, if one or more of the children are retarded in any way, one would hardly be justified in doing anything to prevent the termination of another such pregnancy. On the contrary, with the history of good heredity and having healthy children, it seems that every effort exerted to prevent abortion is justifiable. All of us have had instances in our practice justifying such procedure. We can recall some whose entire pregnancy was a threatened abortion but who now are enjoying the care of a normal and healthy child. However, this matter may be carried to extremes and jeopardize the health and even the survival of the mother, so that when bleeding is profuse and the cervix dilated and in spite of rest and other therapeutic measures, and certainly if the membranes have ruptured, abortion should be considered as inevitable. In such cases our object should be to empty the uterus as quickly and expeditiously as possible. The method used will depend on the stage of gestation, the condition of the cervix, and the general condition of the patient.

INCOMPLETE ABORTION

The problem in incomplete abortion is of course associated with treatment. The type of treatment used depends primarily on whether the case is clean or infected. In the non-infected case, the sooner the uterus is cleaned out, the better, because then, and only then, can we be certain that the bleeding will be controlled. In infected cases there are several problems to be considered. (1) Is the infection local or systemic? (2) The amount of blood lost. (3) Whether or not there is blockage of drainage due to placental tissue in the cervical canal. Treatment should be aimed at combating infection, restoring blood loss, and preventing further blood loss if possible. In general we feel that the infected case should be treated conservatively; that is, by the use of blood transfusions, sulfonamides, etc. However, if on examination we find that the uterine drainage is obstructed by a mass of tissue in the cervix, we feel that it is very wise to gently and carefully extract this and any other pieces of loosely attached placental tissue, and to carefully pack the uterus firmly enough to control further blood loss. Recently in these cases we have been incorporating 5 to 10 grams of sulfanilamide with our packing. We are not prepared to say of how much benefit this may be. We are very much opposed to the use of sharp curets in treating any of these cases of incomplete abortion. We make a practice of using a single blade of the placental forcep as a curet. When one has operated on many of these cases, he is impressed with the necessity of using care in instrumentation of the cervix

and fundus, especially if the pregnancy is beyond two and one-half months.

There is just one point which should be mentioned here in the differential diagnosis of incomplete abortion and ectopic pregnancy. We have seen several cases of ectopic pregnancy in which the vaginal bleeding was quite excessive, simulating incomplete abortion. On exploring the uterine cavity a large amount of tissue that appeared grossly like placental tissue was extracted. On examination later in the laboratory, this tissue was found to be a false decidua. If the surgeon is not alert to the situation and disregards the matter of ectopic pregnancy, it may prove disastrous to the patient. Before the patient has reacted from her anesthetic she may have gone into shock because of intraäbdominal bleeding from the ectopic pregnancy — the bleeding having been further stimulated by the instrumentation. If in doubt, one should at least do a colpotomy and if blood is found, or if one is still in doubt, certainly an exploratory laporatomy is indicated immediately.

THERAPEUTIC ABORTION

A therapeutic abortion is one done as a part of the treatment for some disorder that concerns the mother or the fetus. Statistics regarding the frequency of therapeutic abortion are not too reliable, but it seems that the incidence is increased in spite of the fact that abortion is being done less frequently in certain diseases, such as pulmonary tuberculosis and urinary infections. The necessity for therapeutic abortion decreases as people learn to space pregnancies properly, and to prevent pregnancy when there is an absolute contraindication or some good reason for not bearing children. This of course involves the proper use of contraceptive measures and assumes a certain degree of intelligence and responsibility which are not always found. Proper and effective pre-natal care will also decrease the incidence of therapeutic abortion. Some diseases that might indicate therapeutic abortion may be noted in early pregnancy and either controlled or prevented before they become a real menace. Indications in a group of 496 cases of therapeutic abortion collected from the literature Taussig found are as follows: Tuberculosis 268, heart disease 82, renal disease 36, nervous and mental diseases 36, contracted pelvis 9, hyperemesis 9, other reasons 76. These are the combined statistics from six different clinics. The indications may be divided into two groups: (1) Those based on organic disease. (2) Those based on social or economic factors. There is a pretty general agreement that abortion is justified if the pregnancy threatens the life of the mother, and many extend this to conditions which will seriously impair the health of the mother. This category would necessarily include many medical conditions affecting many organs of the body. Mention of all these conditions is beyond the scope of this paper. However, it is very important that a careful medical study be made before a decision is reached, and it is always important and necessary to have a written agreement of at least two physicians that the pregnancy be terminated.

When we come to the matter of social and economic indications we are immediately getting on debatable ground. The criminal abortionist seems to exist in some places to accomodate those who want abortions done for social and economic reasons. There are some instances where indications for abortion might seem just, but would not be accepted legally or medically. Legal control of the performance of therapeutic abortion is surely necessary. When this is removed and women can have abortions for the asking, abortions become greater, as apparently happened in Russia. In times of poverty, economic stress and war, there are people who hesitate to bring children into such a troubled world. It is, however, unwise to be influenced unreasonably by economic or domestic factors in determining the indication for abortion. Some young couples who have prevented or interrupted pregnancies early in their married life, for one reason or another, have lived to regret their action because sometimes unexpected developments have produced permanent sterility. One should try to take the long view and not be influenced too markedly by passing circumstances, keeping in mind that which may be best for the ultimate good.

The choice of method of performing therapeutic abortion is determined by several factors, such as—period of gestation, complicating physical disorders, indication for permanent sterilization, etc. During the first 2-3 months of pregnancy the uterus may be carefully emptied by the rapid method of D & E. After the third month the slower method is indicated. This consists of dilatation of the cervix with pack, and with or without rupture of membranes. Removal of pack and products of conception 48 hours later, if spontaneous evacuation does not occur. When sterilization is indicated, abdominal hysterotomy and section of the Fallopian tubes is the procedure used. In older women or in cases where other pathology indicates removal of the uterus, supra-vaginal hysterectomy is the method of choice.

In cases of severe nausea and vomiting of early pregnancy it is ofttimes difficult to be certain when pregnancy should be terminated. We have seen some of these cases treated conservatively too long and death followed even after the uterus had been emptied. We feel that the icterus index is a valuable guide along with consideration of the patient's general condition. When this index remains elevated or rises in spite of appropriate therapy, one is treading on dangerous ground.

The following is a list of indications for therapeutic abortions done at the Cooper Hospital during the years 1940 to 1943 inclusive. There was a total of 40 cases.

Hypertensive cardiovascular-renal disease	9
Toxemia of pregnancy	8
Heart disease	6
Pulmonary tuberculosis	3
Pyelitis	3
Eugenic factors (hereditary disease and insanity)	2
Gynecologic disease	2
Arthritis	1
Diabetes	1
Hepatitis	1
Hyperthyroidism	1
Hyperthyroidism with hypertension	1
Bronchiectasis	1
Rh factor disturbance	1

SUMMARY

We have attempted to present some of the problems that are confronted when dealing with abortion. No effort has been made to exhaust the subject, nor to enter into much theoretical discussion. Our aim has been to deal only with the practical side of the subject, and to include some of our experience.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-SEVEN

Patient, age 32 years. Grav. iv, para iii. Gestation 8 months. Diagnosis: placenta previa. Hemoglobin 60 per cent. Elective cesarean.

Evidence of peritoneal infection second day post partum. Cause of death puerperal sepsis.

Cases of placenta previa are more apt to die of some complication than of the condition itself.

W. B. MOUNT, M.D.

COLD VACCINES

SUMMARY

1. Three oral vaccines and two vaccines for parenteral administration currently offered as prophylaxis against the common cold were given clinical trials in a group of industrial and office workers during the October to April season of 1941-42 and 1942-43.

2. No clearly evident protection against the cold and related acute respiratory infections can be demonstrated in the results of this clinical trial at mass immunization.

3. The indiscriminate use of cold vaccine now available is not the answer to the problem of industrial absenteeism due to acute respiratory infections. — McGee et al., J. A. M. A., Vol. 124, No. 9, p. 555.

STATE ACTIVITIES

NEW MEDICAL-SURGICAL PLAN CONTRACT

(Providing benefits TOWARD payment for medical, surgical and obstetrical services rendered by physicians to hospitalized patients)

A new contract, to be issued by Medical-Surgical Plan of New Jersey, has been approved by the Department of Banking and Insurance and will be available for distribution early in the Fall. *Present contracts will be in force until the expiration date of each contract.*

Among the important changes are:

I. Amounts payable by the Plan will not be deemed by Participating Physicians as payment in full under the following conditions:

a. If the patient shall have been admitted to hospital for a private accommodation not exceeding one bed per room.

b. If the patient shall have been admitted for semi-private or ward accommodations and shall have agreed to pay the Participating Physician an additional amount; except that additional amounts shall not be payable if under the "Single Contract" the annual income of the Subscriber is less than $2000, or under the "Family Contract" the annual income of the Subscriber is less than $2000 plus $500 for the first enrolled dependent plus $250 for each additional enrolled dependent.

c. If the income of the Subscriber is more than that stated in the above paragraph but he has failed to divulge the existence of the contract to the physician.

II. The amounts payable for obstetrical care shall not be considered as including payment for prenatal and postnatal care rendered outside of hospital.

III. Amounts payable by the Plan will be paid for obstetrical deliveries occurring in the home or elsewhere outside of hospital under conditions beyond control of the patient.

IV. Services rendered at time of full-term obstetrical deliveries or for tonsillectomies will not be eligible for payment unless rendered at least nine months after the effective date of the Subscriber's contract.

V. Amounts up to $25.00 will be payable for emergency services rendered in caring for accidental injuries which would ordinarily be hospitalized, if services are rendered in outpatient departments or elsewhere outside of hospital, providing the services are rendered within twenty-four hours of the accident.

VI. Medical services (not surgical) eligible for payment will be limited to such services rendered during twenty-one days of hospitalization during any one contract year.

In arriving at the final provisions of the contract the Board kept in mind at all times the welfare of the medical profession and attempted to reconcile this with the great problem facing the medical profession.

INDUSTRIAL NUTRITION COMMITTEE *

Della L. Cordery, Chairman
Public Service Electric & Gas Co., Newark, N. J.
and
Rowan Whealdon, Secretary
Essex County Tuberculosis League, Newark, N. J.

This is a brief account of the work of an Industrial Nutrition Committee. Its job is associated with the physician's primary objective: keeping people healthy.

Men of medicine and research specialists have long been aware of the fact that all was not well on the nutrition front. But it took the war to make it a subject of popular concern. War mobilization has meant shortages, rationing, and slogans such as *"Food will win the war."*

More than all this, the war has compelled labor, management, and the government to analyze every factor that significantly affects industrial production. Under war-time conditions industrial production and the production of war materials are synonymous. This analysis quickly revealed crucial nutrition problems. Factory workers were not producing because they were ill fed. The bad feeding stemmed from a variety of causes but all can be lumped into two categories:

a. Lack of nutritious food, due to such factors as cost, distribution, inaccessibility at lunch hour, etc.
b. Unwillingness to eat proper food even when available, because of habit, home eating pattern, misunderstanding of food values, misconceptions regarding cost, and a host of similar reasons.

Both of these groups of reasons for inadequate diet cracked down on many an industrial employee.

To help provide answers to this situation as it existed locally, a group of people representing labor, management, public health, medicine, governmental departments, nutritionists and others assembled at the Essex House, Newark, on May 18, 1943. An Essex County Nutrition Committee headed by Miss Mary C. Prizer of Orange (part of the Civilian Defense Organization), sponsored the meeting. The County Tuberculosis League paid the incidental costs. Public Service Electric and Gas Company allowed Miss Della L. Cordery considerable latitude in promotional effort associated with her job as member of the Home Service Department. The Federal War Food Administration's representative, Dr. H. F. Kilander, spent much time assisting in the organization plan. Mr. Howard B. Lloyd, President of the Chamber of Commerce of the Oranges and Maplewood, presided at the meeting.

The upshot of it all was a continuing committee known as the "Industrial Nutrition Committee of Essex and West Hudson Counties". The primary objective as already outlined was to improve the nutritional status of war workers. Methods which have been employed can only be recapitulated within the scope of this article.

From May, 1943, when the committee was organized, up to the present, it has:

1. Organized the committee and special sectional groups for: (a) Food operators, (b) Labor-Management, (c) Health.
2. Provided 11 free consultations for plant managers, cafeteria operators, and to unions, on food service in industrial plants.
3. Arranged for six inter-visitations among food operators for an exchange of ideas on arrangements, menus and observation of practical details, under conditions of actual operation.
4. Distributed free 2,453 nutrition posters to 85 war plants.
5. Distributed 500 Government Industrial Feeding Manuals.
6. Distributed free 4,069 pieces of literature to workers via cafeteria operators, labor-management, and health groups.
7. Prepared nutrition information for release to house organs and union papers.
8. Provided quantity recipes and menus from commercial concerns to 68 food operators.
9. Conducted four surveys of commercial box-lunch services.
10. Conducted two Pack-a-Lunch Contests; one with Newark Evening News for one day; one with Newark Star-Ledger for two weeks. Daily prizes given and War Bond for Grand Prize.
11. Distributed literature at Nutrition Booths in factories:

2,230	Westinghouse—Bloomfield
2,765	Walter Kidde—Belleville
512	Star Electric—Bloomfield
5,507	Total

12. Conducted special program by Health Section at Academy of Medicine, Newark, on June 8, 1944.

* Dr. A. H. Haskin, Dr. M. W. Bergman, Dr. Benj. Saslow, and Dr. J. Wallace Hurff, immediate past-President of the Essex County Medical Society, were helpful in preparing this report.

13. Sponsored a Job Instruction Within Industry training course under the supervision of the War Manpower Commission for food operators.

One of the fascinating projects undertaken by the committee was an analysis of the nutritional merit of the food trays taken from cafeteria lines in certain war plants where excellent food is provided at low cost. Trays were rated by volunteer workers with nutrition training. True, it was a flash rating and could be challenged as to accuracy, but for what it is worth results are here summarized from two war plants.

A booth was provided near the cafeteria lines; 30 per cent of the workers, those definitely interested, came to the booth to have their trays rated.

A certificate with rating was presented to each one. Milk, raw fruits, salad and main dish were checked.

Of 172 workers at Plant No. 3 of Walter Kidde, Belleville:

11% score of 25
28% score of 50
17% score of 65
29% score of 75
15% score of 100

A certificate of 100 per cent indicated tray contained milk, fresh fruit, salad and substantial dish.

In addition to the tray check sought by interested workers, a spot check by a nutritionist was made by observing workers' tables.

The standards used in rating these lunches were as follows:

Excellent: Lunches which contained over one-third of the day's needs of protective foods (vitamins and minerals in particular).

Good: These lunches were lacking in either milk or a source of vitamin C such as raw fruit or green vegetables or tomato and fruit juices, or they may have contained these types of foods but in insufficient quantity to rate "excellent".

Fair: These lunches were lacking in at least two essentials—milk, fruit or other source of vitamin C, or were too low in calories.

Poor: Mainly meals that were deficient in vitamins and minerals and usually were almost entirely starch or sugar foods—a straight calorie meal.

Westinghouse—Bloomfield, N. J.

	Poor	Fair	Good	Excellent
306 trays observed	5%	24%	52%	19%

Walter Kidde Plant No. 3—Belleville, N. J.

	Poor	Fair	Good	Excellent
306 trays observed	5.8%	35.5%	50%	8.5%

CONCLUSION

Men and women ate about equally well. Most of the poorly balanced lunches were those consisting of meat, potatoes, dessert and coffee. Fruits, vegetables and milk were absent.

Workers asked many food questions. Nutrition literature was distributed.

Since the tray evaluation at Walter Kidde, Belleville, salad sales have increased 52 per cent, fruit 10 per cent and a slight increase in milk sales. Westinghouse, Bloomfield, had an increase of 51 per cent in salads, 22 per cent in milk, 11 per cent in fruits and 23 per cent in fruit juices.

The committee is looking forward to even more accomplishments in the future. A number of war plants have made financial contributions toward its work. Much guidance has come from members of the medical profession who have associated themselves with the undertaking and the understanding coöperation of many others is anticipated. Nothing less than an improvement in the general health level of workers is the goal.

MIDDLESEX COUNTY MEDICAL SOCIETY HONORS SIX DOCTORS PRACTICING FIFTY YEARS

Members of the Middlesex County Medical Society honored six doctors who have been practicing in the county for more than fifty years, and heard John A. Matthews, Advisory Master of the Court of Chancery, call upon them to renew their dedication to the Hippocratic Oath and seek a faith in God "to cure not only the ills of man but those that plague the world".

The six physicians were presented with gold pins at the dinner held in the Hotel Roger Smith, New Brunswick, and which was attended by the Society's members, its Auxiliary, Mayor John A. Delaney of Perth Amboy, Mayor Chester Paulus of New Brunswick, Mayor Matthew Maliszewski of South River, Mayor August Greiner of Woodbridge and The Medical Society of New Jersey President, Dr. Joseph F. Londrigan.

Honored were Dr. Grover T. Applegate of

New Brunswick, Dr. John L. Lund of Perth Amboy, Dr. Ira T. Spencer of Woodbridge, Dr. George W. Tyrrell of Perth Amboy, Dr. Charles B. Burnett of New Brunswick and Dr. Frank Henry, Sr., who practiced in Perth Amboy but is now a resident of Millburn.

Dr. Henry Haywood of New Brunswick was chairman of the meeting and read short biographies of each of the honored guests. He called Dr. Applegate, who has had 60 years of medical practice, the "dean of the group". Dr. Applegate, a native of Red Bank, opened an office in New Brunswick after preparing at Rush Medical College and Hahnemann Medical College from which he graduated in 1883.

Dr. Lund came to this country from Denmark when he was five years of age and settled with his family in Brooklyn. After receiving his degree of doctor of medicine in 1891 from the Long Island College of Medicine he came to Perth Amboy and opened an office for general practice at 267 High Street. A veteran of the first World War, Dr. Lund has served as a member of the Perth Amboy General Hospital. Dr. Haywood said that it is estimated that Dr. Lund in his fifty-two years of practice has delivered more than 4,000 babies.

Dr. Spencer was born in Martinsville, attended Pennington Seminary, and the University of Pennsylvania. He is Woodbridge Township physician and chief medical examiner of the Woodbridge Draft Board. Actively engaged in civic endeavors, Dr. Spencer has been practicing for fifty-one years.

Dr. Tyrrell, a native of Perth Amboy and educated there, has been a physician for fifty-one years. He received his degree in 1893 from the College of Physicians and Surgeons of Maryland and opened offices at 380 State Street. He was President of the General Staff of the Perth Amboy General Hospital from 1927 to 1935.

Dr. Burnett, born in New Brunswick, graduated from Hahnemann in 1893. Practicing for fifty-one years, he maintains offices in South River. Dr. Haywood stated that "Dr. Burnett's years of active service extend over a greater period of time than that of any other doctor in his community."

Characterizing him as a pioneer in surgery, Dr. Haywood said Dr. Henry was slow to talk about himself but that he was "a man ahead of his time". He is credited with performing the first appendectomy in Perth Amboy.

Dr. Henry was born in New Brunswick on February 25, 1871, and attended schools there. His medical education was received at the University of Pennsylvania and he graduated in the class of 1894 and immediately came to Perth Amboy where he continued to practice until 1939. He has completed fifty years as a physician. His son, Dr. Frank Henry, Jr., was among the guests and his grandson, Peter Henry, entertained with accordion selections.

Each honored doctor was presented with a pin the gold of which, Dr. Haywood said, typified the "modesty of the men receiving it and the durability and toughness of their fiber; the point represented the sharpness of their mind and the keenness of their judgment; the gold band was friendship's circle".

ADMINISTRATION EMERGENCY MEDICAL SERVICE

NEWARK DEFENSE COUNCIL

In view of the recent catastrophes throughout the country, I should like to advise of the organization and work of the Newark Defense Council. The Council was originally set up as an Air Raid Emergency Council, but now functions as a community disaster unit. The Emergency Medical Service of the Defense Council has for a long time planned its activities and instructed its personnel in such a manner, to make this rapid change-over possible. This service is planned to work in close cooperation with the American Red Cross, which has for many years been the peace-time organization around a local disaster.

The Director of the Emergency Medical Service is Dr. Joseph A. Clarken. His coordinator of hospitals is Dr. Lester W. Eisenstodt. Dr. Clarken also has two aides serving as directors. They are: Mr. Dennis W. McLaughlin, Jr., and Mr. Howard Wright. Mr. McLaughlin is also Director of First Aid and Water Safety for the Newark Chapter of the American Red Cross, and he is the direct liaison between functions of the American Red Cross and the Emergency Medical Service.

Mr. Howard Wright is the direct liaison between doctors and nurses of the Emergency Medical Service. Miss Margaret Maskrey is Chief of the Newark Council of War Nurses and has more than 1,000 nurses under her jurisdiction for emergency work.

Mr. Samuel Klein is head of the Service Di-

vision and coördinates the special units as noted in the accompanying chart. The Clinical Pathology unit is headed by Louis Kanengieser, B.S., M.S. The Chiropody unit is headed by Dr. A. Alexander, D.S.C. The dental unit is headed by Dr. A. Kurzrock, D.D.S. The AWHRC (American Women's Hospitals Reserve Corps) is headed by Major Carolyn Valentine.

The Transportation and Supply Division is headed by Emilie L. Rue. Mrs. Rue is in charge of the medical supplies and materials of the Council, the total amount of this equipment being sufficient to equip and maintain 500 bedridden casualties.

The Captain of the CDVO Motor Corps unit in the Transporation Division is headed by Mrs. Mary Savannah. The Red Cross Motor Corps unit is headed by Captain Constance Roberts of the Red Cross. The Emergency Ambulance Division is headed by Mr. William Sedden. The USAAC's Division is headed by Major George K. Weston.

In the event of a catastrophe there are three dispatching points in the city, the Emergency Medical Service Control Center, the Newark Beth Israel Hospital and the Columbus Hospital, from which Emergency Medical Service units are dispatched. Each unit consists of nurses, a first aider, a nurses' aide, an attendant, and a motor corps driver. The casualties are given first aid, and if necessary, are taken to the nearest hospital or casualty station.

In the present set-up there are nine coöperating hospitals, five reserve hospitals and seven casualty stations which would be activated and manned in an emergency. During an emergency the hospitals report to the Central Control Office stating the number of beds and personnel available.

The following are figures of personnel fingerprinted and equipped with identification cards, armbands, gas masks and steel helmets:

212 Doctors (classified under their specialties)
282 Registered Nurses
530 Student Nurses
66 Practical Nurses
375 Red Cross Nurses' Aides
59 First Aiders
13 Red Cross Motor Corps Ambulance Drivers
12 Hospital Superintendents
408 Attendants

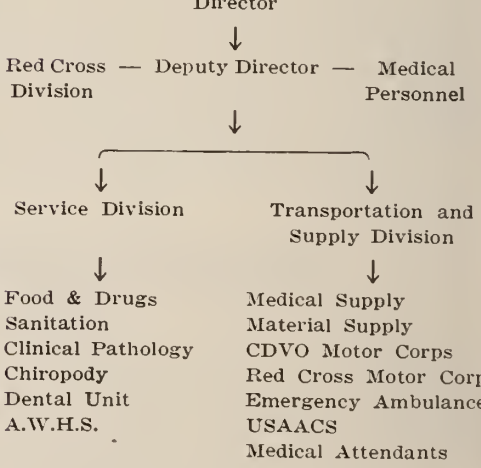
Regular incident rehearsals are held each month. Medical observers witness each incident, reporting any faulty action of the episode.

I should think that this plan is worthy of publication in *The Journal* of The Medical Society of New Jersey, so that other localities throughout New Jersey may adopt plans similar to this one which has proven so successful in Newark. This organization, in detail, is on record with Lt. Col. John J. Bourke of the U.S.P.H.S, the Region Medical Officer of the Second Civilian Defense Region, and Col. C. M. Walson, Surgeon, Second Service Command.

DR. LESTER W. EISENSTODT,
Coördinator of Hospitals,
Emergency Medical Service.

ADMINISTRATION EMERGENCY MEDICAL SERVICE

NEWARK DEFENSE COUNCIL
NEWARK, N. J.



WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ALFORD, RALPH I. (Montclair) (in service)
Disposition of soldiers with bronchial asthma. J. Allergy 15: 196-202, May '44

BARNETT, LESTER (Milltown)
Pilonidal cyst; the postoperative problem. Am. J. Surg. 64: 338-345, June '44

DENNISON, W. LANDON—see Johnson, Frank H.

ELDER, CAPT. CHARLES K. (Atlantic City)
Naso-endotracheal intubation; advantages and technic of "blind intubation". Anesthesiology 5: 392-399, July '44

GOLDBERG, H. C. (Plainfield)
Area factor in roentgen irradiation. Arch. Derm. & Syph. 49: 346-347, May '44

JOHNSON, F. H., and LEON SCHNEYER (Princeton, Microbiological Lab.)
Quinine inhibition of bacterial luminescence. Am. J. Trop. Med. 24: 163-175, May '44

JOHNSON, FRANK H., and W. LANDON DENNISON (Princeton)
Volume change accompanying the quellung reaction of pneumococci. J. Immunol. 48: 317-323, May '44

MCALPINE, PAUL T. (Summit) (in service)
Hysterical visual defects. War Med. 5: 129-132, Mar. '44

MILLER, RALPH—see Parsonnet, Aaron E.

PARSONNET, AARON E., and RALPH MILLER (Newark)
Heart block. Am. Heart J. 27: 676-687, May '44

PEER, LYNDON A. (Newark)
Progress in otolaryngology; summaries of the bibliographic material available in the field of otolaryngology. Contributions to plastic surgery during 1943. Arch. Otolaryng. 39: 537-555, June '44

PHILLIPS, A. A. (Newark)
Priapism; report of a case associated with sickle cell anemia. J. Natl. Med. A. 36: 88-89, May '44

RAKE, GEOFFREY; CLARA M. MCKEE, DOROTHY M. HAMRE and CAROL L. HOUCK (Squibb Institute, New Brunswick)
Studies on penicillin. II. Observations on therapeutic activity and toxicity. J. Immunol. 48: 271-289, May '44

SCHNEYER, LEON—see Johnson, F. H.

STEIN, GEORGE H. (Elizabeth) (in service) with others
1. Osteochondritis dissecans. Am. J. Surg. 64: 328-337, June '44
2. Comparative roentgen study of primary atypical and bacterial pneumonia. Radiology 42: 435-445, May '44

WATSON, WILLIAM PERRY (Jersey City)
Cholera infantum. Arch. Pediat. 61: 317-332, June '44

WHELAN, EDWARD P. (Nutley)
Repair of an avulsed scrotum. Surg., Gynec. & Obst. 78: 649-652, June '44

WOLF, E. (Passaic), with M. Wachstein, Middletown, N. Y.
General neurofibromatosis (von Recklinghausen's disease) with local sarcomatous change and metastasis to regional lymph nodes. Arch. Pediat. 37: 331-333, May '44

YOSKALKA, J. S. (Newark) (in service)
Atypical pneumonia simulating pulmonary tuberculosis. Am. Rev. Tuberc. 49: 408-413, May '44

OBITUARIES

DR. D. P. D. JACKSON

Dr. D. P. D. Jackson died suddenly of a heart attack at his home in Little Falls, N. J., on July 9, 1944.

Dr. Jackson was born in Toronto, Canada, in 1905, and was graduated from the Toronto Medical School in 1932. After an internship at Morristown Memorial Hospital, Morristown, N. J., he practiced medicine in Belvidere, N. J., until 1941, when he moved to Little Falls.

Dr. Jackson was associated with the Community Hospital, Montclair, and the St. Joseph's Hospital, Paterson. He was a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. CHARLES LABASH

Dr. Charles Labash, practicing physician in Passaic for the last ten years, died in St. Mary's Hospital on June 26, 1944, after an illness of a year.

Dr. Labash was born in Passaic in 1883. He received his medical degree at Chicago Medical School in 1926, and served as intern at the Chicago General Hospital. He practiced in Chicago from 1926 until 1933, when he enrolled in the New York Post-Graduate Hospital to study general medicine and skin diseases.

Dr. Labash was a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. ELMER G. WHERRY

Dr. Elmer G. Wherry, Newark pediatrician, died on June 24, 1944.

Dr. Wherry was born in Shanghai in 1869, and was brought to Newark when he was a year old. He received his medical degree at Columbia University College of Physicians and Surgeons in 1896, and had been practicing medicine in Newark since 1900. Dr. Wherry was attending physician at Newark Babies' Hospital since 1900 and medical director since 1928.

Dr. Wherry was a member of the Essex County Medical Society, The Medical Society of New Jersey, Academy of Medicine of Northern New Jersey and the American Medical Association.

COUNTY SOCIETY REPORTS

BURLINGTON COUNTY

T. B. Dickson, M.D., Reporter

The last meeting of the *Burlington County Medical Society* for the year 1943-1944 was held on May 11, 1944, at Riverton. As is the custom, the Woman's Auxiliary to the County Society attended the meeting.

DR. HARRY B. MARK, the retiring President, presided and delivered his farewell address. He described briefly how the Wagner-Murray-Dingell Bill would work to the disadvantage not only of the medical profession but also of all the people of this country. He illustrated this point by citing several countries where such a plan had been tried and had failed. He urged the County Society to combat this bill to its fullest ability. Dr. Mark mentioned that about 35 per cent of the physicians of the county are in military service. The suggestion was made in his speech that the Public Relations Committee publish in the local papers well-written medical articles which would be of general interest to the public, these articles to appear weekly or bi-monthly. In concluding, Dr. Mark thanked all the officers and members for their very valuable assistance and coöperation.

Dr. Mark introduced the incoming President, DR. HAMMELL P. SHIPPS of Delanco. Dr. Shipps made a short speech of acceptance and thanked the members for the honor bestowed on him.

The meeting was then turned over to entertainment. The entertainer was a magician who baffled his audience with his many clever card tricks and other mystifying feats.

CAMDEN COUNTY

Joseph C. Lovett, M.D., Reporter

The *Camden County Medical Society* and the West Jersey Homeopathic Society held their annual outing on June 15th, 1944, at the Tavistock Country Club. Members of the Burlington County Society, Gloucester County Society and the Physicians Motor Club were invited to join in the outing.

Golf and tennis were played in the afternoon, and bridge in the evening. Dinner was served at 8:00 p. m. Special guests were Mr. F. Morse Archer Sr., Mr. William F. Reeve, Mr. LeRoy Ayers of the Cooper Hospital and Judge Shea.

There were fifty-two members present. Door prizes were won by Drs. Kinney, E. G. Hummel, John Brennan, Paul Mecrea, Thomas Hughes, Joseph Roberts, Robert Gamon and Mr. LeRoy Ayers. The prizes consisted of War Saving Stamps ranging from $5.00 down to $1.00.

Eighteen played golf. In the past, golf balls were given to the winners but it was felt it would be more appropriate to give War Saving Stamps this year. The winners were Drs. T. Kain, George Meyers, T. Kain Jr., Aronbrook, Carlander and Goldman. The low net score in golf was made by Dr. Aronbrook of Burlington with a score of 66.

After dinner, motion pictures were shown by Dr. Shipman, taken by him at previous outings.

A vote of thanks was given to Dr. Shipman and Dr. George Meyers for their fine work in having everything go off so smoothly and nicely.

All those present had a very enjoyable outing and relaxation from their strenuous duties.

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The June meeting of the *Cumberland County Medical Society* was held Tuesday, June 13, 1944, at the Hotel Cumberland in Bridgeton.

Following the roll call and reports of the various committees, a letter was read asking physicians of the county to coöperate in recommending releases of employees. This matter was referred to the Committee on Industrial Medicine.

DR. JAMES S. KNOWLES, who has recently been discharged from the Service and returned to active practice, has assumed his duties as Field Physician of Child Health and Maternal Welfare.

The Secretary was instructed to write the Chairman of the Board of Trustees of the State Society and ask that DR. THALHEIMER of Vineland, N. J., be considered for appointment as Trustee in the Fifth Judicial District.

Following this, the Society was addressed by DR. TEMPLE FAY of Temple University, Philadelphia, whose subject, "Neurological Lesions in Children", was illustrated with lantern slides and proved to be very interesting.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on May 2, 1944, at the Masonic Club, Jersey City. The meeting was called to order at 9:45 p. m. by the President, DR. MAURICE SHAPIRO.

Dr. Walter D. Weber, Chairman of the Membership Committee, reported that the Society now has a membership of 510, 151 of whom are in service.

The following were elected to membership: CAPT. CHARLES E. WOLTMAN, M.C., Fort Hamilton, Brooklyn, N. Y., and DR. FRANCIS A. DEITMARING, North Bergen, N. J.

There being no opposition, it was regularly moved and seconded that the Secretary cast one ballot for the election of the nominees whose names were listed in the report of the Nominating Committee made at the March meeting; also for the members of the Nominating Committee to serve in 1945 who were nominated at the April meeting.

In the list of delegates to the State Convention which appeared in the April Bulletin, the name of Joseph Schapiro should have read Maurice Shapiro.

DR. LESTER COHEN, Diplomate of the American Board of Internal Medicine and Attending Physician at Coney Island Hospital, spoke on "Cardiac Emergencies".

Dr. Cohen classified as follows the five physiological disturbances most frequently encountered by

the physician making an urgent call, the symptoms often having to be evaluated without the benefit of previous history and with the patient inarticulate:

1. Disturbed respiration, either paroxysmal or constant.
2. Severe chest pain
   a. Angina pectoris
   b. Pain associated with diabetes
   c. Other responsible causes.
3. Abnormal cardiac rhythm.
4. The "thumping" heart or the one that "skips a beat".
5. Syncope.

Nocturnal paroxysmal dyspnoea, most often observed in the middle aged and elderly, is pathognomonic of left ventricular failure and usually occurs subsequent to preëxisting hypertensive heart disease or aortic valvular disease. In a younger person, an acute nephritis or even an intracranial lesion may have been its origin. Many persons suffering from this condition discover that they obtain relief by getting up, going to a window quickly and opening it. They believe the fresh air to have been the factor in their relief, whereas actually it was the rapidity of their movements that caused the left ventricle to become adequately stimulated to enable it to take care of the increased pulmonary volume of blood that had caused the dyspnoea. It has been found that an increase of 300 cc. is sufficient to cause encroachment on the alveolar spaces and resultant dyspnoea. If the paroxysmal dyspnoea appears to be progressing toward pulmonary edema, either one or two methods may be tried. The first is to apply a tourniquet to the four extremities, removing one every twenty minutes. The second is to open veins and allow the patient to bleed. If the stage of frank frothing has been reached, the use of oxygen or coramine is worthless. Carbon dioxide may be used with some success.

Prophylactically, in the case of middle age and elderly patients who give a history of paroxysmal nocturnal dyspnoea, fluid intake should be restricted after 5 p.m., and mercurial diuretics prescribed.

In *severe chest pain,* the possibility of angina pectoris should be the first consideration. Extreme caution must be exercised in evaluating the symptomatology, keeping in mind that anginal pain is characterized by a severe "squeezing, compressing and gripping" sensation, and occurs along the line of, and below the sternum. If the pain of angina pectoris radiates, it is along the left arm, terminating in the wrist or fingers. The speaker observed that "pain pointed over the left breast or sticking knife-like over the left breast is not serious", nor is "pain that points high in the axilla or in the clavicle", such pains usually being related to gastrointestinal disturbances.

If the physician is not familiar with the patient's past history, it is well to make early inquiry as to whether or not he is a diabetic. If he is, the possibility of hypoglycemia should be considered first, as the blood sugar level in persons suffering from diabetes may become sufficiently low during the night to cause severe chest pain. Without hesitation give this patient sugar; it will not cause harm and will quickly prove or disprove the theory of hypoglycemia.

Abnormal cardiac rhythm to the degree that the "patient breaks out in a cold sweat and becomes pale" is another condition demanding immediate and accurate appraisal. Foreknowledge of the sensitivity of such a patient—whether hypersensitive, normally sensitive, or hyposensitive, is helpful in determining the significance of this and other cardiac conditions. It has been noted that auricular tachycardia in middle aged persons can at times be relieved by carotid sinus pressure, pressure on eye-balls (not generally recommended), syrup of ipecac as a vagus stimulant, or by taking a long drink of water.

Complaint of a *"thumping" heart* or of *one that "skips a beat"* is also a quite frequent cause of anxiety on the part of the patient. In the young, this symptom usually has no serious implications, but in older persons it may be the prodrome of grave cardiac disorder. The "skipped" beat is actually an extra systole. Iron, quinine and strichnine may be prescribed in ample dosage. In the neurotic patient, the symptom will disappear under this therapy.

Treatment of a patient in *syncope*—dead faint—demands restraint on the part of the attending physician. Adrenalin should not be administered in this condition, because if paroxysmal ventricular fibrillation is present, adrenalin will terminate it and the patient will die. Complete heart block or periods of incomplete heart block are the result of preëxisting severe disease of the myocardium. Treatment is only temporary.

Dr. Cohen also described *two less common cardiac emergencies,* the results of vascular accident, namely embolization and the dramatic dissecting ruptured or rupturing aneurysm.

In concluding, Dr. Cohen expressed the opinion that when a physician is called to treat a serious cardiac condition in an acute stage without the benefit of previous history, the most reliable course for him to follow is to appraise the symptoms as accurately and as promptly as possible for the purpose of determining the most efficacious immediate treatment, and then arrange to have the patient removed to a hospital as soon as practicable—for careful examination and observation.

An interesting discussion followed, Drs. Cannon, Swiney, Freeman, Alter, McNenney and Gleeson taking part. The potential dangers in the administration of aminophylline and the possible untoward effects of morphine were discussed, the latter said to be capable of increasing the pathology under certain conditions while appearing to give much-needed rest to the patient. The guest speaker expressed the opinion that the patient's chances of survival are improved if this drug is avoided.

Dr. Shapiro's term of office expiring at this meeting, he thanked the members for their support during the year and pledged his continued loyalty to the County Society as well as to DR. JOSEPH F. LONDRIGAN, President of the State Society. The newly elected President and Vice-President, DR. WALTER D. WEBER and DR. HUGH H. TYNDALL, were

then presented. Dr. Weber expressed his thanks for the honor accorded him and promised to spare no effort in furthering the interests of the Society as concern those at home and those in service. He paid tribute to the retiring President, Dr. Shapiro, and also to Dr. Londrigan, pledging his fealty to the interests of the state and county societies.

MORRIS COUNTY

Wilbur M. Judd, M.D., Reporter

The members of the *Morris County Medical Society* enjoyed the Annual Meeting held Thursday evening, June 22, 1944, at the Springbrook Country Club in Morristown, after a period of hibernation necessitated by the shortage of physicians in this area.

We were greatly honored to have as guests, President Londrigan and President-Elect Alexander, representing the State Society, and in addition Dr. Ballinger of Hudson County and Dr. Hallock of the Summit Medical Society. The reports of the minutes as printed in the Bulletin were acceped as read. Our guests of honor were impressed by the report of the delegates to the State Convention which was composed, written and edited by our President Bowers. Dr. McMahon, a member of the State Nominating Committee, gave a report of the selected officers.

Mr. Blanksteen elucidated concerning Accident and Health Insurance and the Society acted as a result. Dr. Bowers was commissioned to appoint a committee of three to coöperate with the plan.

The need for volunteer physicians for the Red Cross Plasma Bank was brought out and men were urged to volunteer for the five dates left in 1944.

The members accepted with regret the resignation submitted by our capable and efficient Secretary, Dr. George Young, and the Executive Committee has been commissioned to send a letter of gratitude. Dr. Tesky was elected unanimously as the new Secretary.

Considerable discussion ensued concerning the program for the coming year and the Executive Committee was directed to act and provide for four meetings during the year. Both Dr. Londrigan and Dr. Alexander praised Dr. Bowers. In his remarks, the latter cautioned members of the Society and others that we should be citizens first and act alertly on the trend and laws affecting Public Health and Medical Practice.

The members of the Society, at the suggestion of Dr. Bowers, arose and paid respect to the forty-three members in the Armed Forces. The subject of the Serviceman's Plan proposed by Dr. Teller was introduced and outlined with a long and involved discussion following. It was finally decided upon motion by Dr. Costello that a committee be appointed to further investigate and formulate a definite plan which might be available for all members of the Society on a somewhat less Utopian basis.

The dinner was a treat and included steaks, no less. A contest was staged in the basement with seven or eight contestants and there were several photo finishes.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Mrs. David B. Allman

As we rapidly approach another year of activity, may I humbly solicit your whole-hearted coöperation.

The splendid news from all battle fronts makes it seem not unreasonable that we may soon expect peace—and with it the return of our absent members.

Numerous new problems—the like of which never confronted us before—will have to be met, and met with dispatch and expediency.

In order that our theme for 1944-1945, "Planning Post-War Progress", shall be a reality and not mere words, we must get our house in order at the earliest possible moment, and be prepared for the work which lies ahead.

If any County Presidents have not at the time of this publication sent me the names and addresses of the County Officers and Chairmen of Standing Committees, they should do so at once. The material for our year book should also be forwarded without delay. Attention to these details is necessary for the smooth functioning of our organization.

We are assured 100 per cent coöperation by the present officers of The Medical Society of New Jersey. It is incumbent upon us to serve them faithfully and to serve them well.

Let it not be said, when our fellow members return, that we have not served on the home front with the same sincerity of purpose as have those who have sacrificed so much that the American way might endure.

Your regular attendance at all meetings, service on committees and loyal support of your County and State officers is a prerequisite of an efficient Auxiliary.

BOOKS RECEIVED FOR REVIEW

Analysis and Interpretation of Symptoms. Ed. by Cyril M. MacBryde, M.D. Reprinted from Clinics 2: 1343-1644, April 1944. Philadelphia, J. B. Lippincott Company. 1944. $4.00.

Minor Surgery. Ed. by Humphrey Rolleston and Alan Moncrieff. Pp. 174, illus. New York, Philosophical Library. 1944. $5.00.

The Electrocardiogram; Its Interpretation and Clinical Application. By Louis H. Sigler, M.D., F.A.C.P. Pp. 403, illus. New York, Grune & Stratton. 1944. $7.50.

Segmental Neuralgia in Painful Syndromes. By Bernard Judovich, B.S., M.D., and William Bates, B.S., M.D., F.A.C.S., F.I.C.S. Foreword by Joseph C. Yaskin, M.D. Pp. 313 with 178 illustrations. Philadelphia, F. A. Davis Company. 1944. $5.00.

Urological Surgery. By Austin Ingram Dodson, M.D., F.A.C.S., with contributions by R. A. Berger, M.D., F.A.C.R.; Douglas G. Chapman, M.D., F.A.C.P.; Everett Idris Evans, Ph.D., M.D.; Fred M. Hodges, M.D., F.A.C.R.; Maj. Guy Winston Horsley; Linwood D. Keyser, M.D., F.A.C.S., and Lawrence O. Snead, M.D., F.A.C.R. Pp. 768 with 576 illustrations. St. Louis, C. V. Mosby Company. 1944. $10.00.

Cataract and Anomalies of the Lens; Growth, Structure, Composition, Metabolism, Disorders and Treatment of the Crystalline Lens. Pp. 624 with 208 text illustrations and four color plates. St. Louis, C. V. Mosby Company. 1944. $12.00.

Fertility in Women; Causes, Diagnosis and Treatment of Impaired Fertility. By Samuel L. Siegler, M.D., F.A.C.S., with foreword by Robert Latou Dickinson, M.D. Pp. 450 with 194 illustrations including 40 subjects in full color on seven plates.

Fertility in Men: A Clinical Study of the Causes, Diagnosis and Treatment of Impaired Fertility in Men. By Robert Sherman Hotchkiss, B.S., M.D. Pp. 216 with 95 illustrations. Philadelphia, J. B. Lippincott Company. 1944. The two volumes in slip case, $8.00.

Lippincott's Quick Reference Book for Medicine and Surgery: A Clinical, Diagnostic and Therapeutic Digest of General Medicine, Surgery, and the Specialties, compiled systematically from modern literature. By George E. Rehberger, A.B., M.D. 12th ed. Pp. 1460, illustrated. Philadelphia, J. B. Lippincott Company. 1944. $15.00.

Poliomyelitis. By Edward C. Rosenow, M.D. International Bulletin, vol. A 44. Pp. 87. New York, The International Bulletin, 319 W. 103d Street. Editor-in-Chief, D. W. L. Colze, Drechsel Printing Company. n. d.

Rebel Without a Cause . . . the hypnoanalysis of a Criminal Psychopath. By Robert M. Lindner, Ph.D. Introduction by Sheldon Glueck, LL.B., Ph.D., and Eleanor T. Glueck, Ed. D. Pp. 296. New York, Grune & Stratton. 1944. $4.00.

Artificial Pneumothorax in Pulmonary Tuberculosis including its relationship to the broader aspects of Collapse Therapy. By T. N. Rafferty, M.D. Introduction by Henry Stuart Willis, M.A., M.D. Pp. 192, illustrated. New York, Grune & Stratton. 1944. $4.00.

BOOK REVIEWS

Sulfonamide Therapy in Medical Practice. By Frederick C. Smith, M.D., M.Sc. (Med.), F.A.P.S. Foreword by George Morris Piersol, B.S., M.D. Pp. 368, illustrated with numerous engravings, graphs and tables. Philadelphia, F. A. Davis Company. 1944. $5.00.

The sulfonamides, in an amazingly short time, have followed each other in rapid and brilliant succession. As each new formula appeared, it was seized as another weapon to wield against infectious diseases. Truly spectacular results were reported in their use in pneumonia, gonorrhea, meningitis and many streptococcic infections.

In the wake of those promising reports came other reports to prove that the new weapon could work harmfully to the patient, as well as helpfully. What was needed was vast clinical experience to complement the biochemists' discoveries.

When that chemical experience was gathered, it remained for someone to present it to the profession in a scientific treatise. Dr. Smith's book has admirably filled this need. Every angle of sulfonamide therapy is considered, and each individual sulfa preparation is reviewed. Methods of administration, clinical indications and contra-indications, possible complications and side effects, follow in logical sequence. The many tables, charts and illustrations add interest to the text.

Dr. Smith's book is recommended for its thorough discussion of the subject of sulfonamide therapy, and as a valuable aid in putting the various forms to their best clinical use.

Samuel Barbash, M.D.

The Health of Children in Occupied Europe. International Labour Office, Montreal. Pp. 37. 1943. 25 cents.

War's effect on the health of children is of vital concern to health agencies who plan post-invasion and post-war activities. This booklet contains a résumé of the clothing and food situations, general living conditions and resulting health status of the child populations in occupied lands. Spread of disease, rising death rate and psychological and social effects of occupation are vividly shown by figures and charts. A preliminary survey, which, when later reports are received, will pale into insignificance.

Carolyn Valentine, B.S.

Urology in General Practice. By Nelse F. Ockerblad, B.S., M.D., F.A.C.S., and Hjalmar E. Carlson, B.S., A.M., M.D., F.A.C.S. Pp. 383. Chicago, Year Book Publishers, Inc. 1943. $4.00.

It is evident that much work and thought have been put into the book under consideration. The presentation is done in such a way that it stimulates the general practitioner's interest in urological problems and adds greatly in giving him guidance in conservative and successful treatment in cases inevitably encountered. The book is very concise and contains twelve chapters of distinct entities which are written to meet the needs of the general physician, who usually is first consulted.

The authors endeavor to give a complete single solution to problems based on their vast experiences, which is more helpful to the general medical reader than to have a less thorough knowledge of several.

Noteworthy chapters as Urological Diagnosis, Catheters and Sounds, Their Uses and Dangers; Infections of the Kidney, Nephritis and Urinary Lithiasis, Diseases of the Prostate and Seminal Vesicles, The Sulfonamides in Urology and the Status of Gonorrhea make this book an almost essential book for every physician. The authors are to be congratulated for a difficult job.

Charles D. Brunkow, M.D.

Atlas of Obstetrical Technic. By Paul Titus, M.D., illustrations by E. M. Shackleford. Pp. 180. St. Louis, C. V. Mosby Company. 1943. $7.00.

The general practitioner will find this an admirable book to add to his library, for quick reference and for diagramatic pictures of obstetrical conditions. It will be valuable for instructors in obstetrics as it brings under one cover the generally accepted procedures of obstetric practice. A few criticisms of some of the illustrated technics for general use are inevitable, as for instance the high forceps operations, without sufficient comment as to their advisability. Used in conjunction with a textbook, however, the pictures are of inestimable help.

Altogether Dr. Titus is to be congratulated on his excellent atlas.

Alfred Meurlin, M.D.

Synopsis of Diseases of the Heart and Arteries. By George R. Herrmann, M.S., M.D., Ph.D., F.A.C.P. 3d ed. Pp. 516, with 103 text illustrations and 4 color plates. St. Louis, C. V. Mosby Company. 1944. $5.00.

All phases of cardiology are covered in this synopsis. It contains as well a short section on peripheral vascular disorders, and a chapter on military cardiovascular examinations and interpretations. It is designed for "The medical undergraduate hard pressed for time in a crowded curriculum and the physician, equally harassed in the caring for a general practice". In reading this book one gains the impression that the author, too, was in a great hurry. His style is frequently confusing, ambiguous and repetitious, and detracts from the value of the wealth of information which he seeks to impart. For example, such an important subject as the dosage for rapid digitalization is hopelessly jumbled. On page 326 is found the following startling statement, "Embolectomy of the pulmonary artery may be justifiable in the agonal stage just as the patient dies." In a discussion of tricuspid stenosis the author cautions that, "Heroic surgical valvotomy has not yet been attempted. The diagnosis must be certain before such a procedure is undertaken." This admonition is admittedly sound, but is quite superfluous to the reader of a synopsis.

This is the third edition of this book. A revision is urgently indicated, because in its present form it cannot be recommended.

Ralph Miller, M.D.

Textbook of General Surgery. By Warren H. Cole, M.D., F.A.C.S., and Robert Elman, M.D. 4th ed. Pp. 1118, illustrated. New York, D. Appleton Century Company. 1944. $10.00.

This is the fourth edition of a book originally published in 1936. It is obvious that the authors recognize the need of frequent thorough revisions based on the newer and rapidly changing concepts of surgical physiology and treatment. In bringing this textbook of general surgery up-to-date the authors have succeeded admirably and have not hesitated to conscript the aid of a long list of consultants who are all recognized authorities in their respective branches.

The reader is impressed with the concise and yet inclusive record of the extensive surgical knowledge and experience of the authors.

The chapter on chemotherapy is as up-to-date as our most recent journals. Anesthesia is adequately discussed, including the more recent freezing technique for both therapeutic and anesthetic purposes. Wound healing and nutrition of the surgical patient are sufficiently emphasized. In the chapter on fractures the authors make a justifiable distribution between civilian and military injuries and their appropriate treatment.

The authors are to be commended for their detailed discussions of such a vast topic in one small volume so that failure to include some pertinent facts is excusable. One of these oversights is the lack of reference to the Rh factor in blood transfusions.

The book is divided into well coördinated and well outlined chapters in a natural sequence and with a typography which is easy on the eyes. Of special interest is the chapter on war and catastrophe surgery.

In summary, one may conclude that this is truly an excellent outline of general surgery, brought up-to-date, with exceptionally good chapters on chemotherapy, intestinal obstruction, war surgery and pre and post operative care. The numerous illustrations and excellent list of references at the end of each chapter further recommend the book for possession by both the undergradute and postgraduate student of surgery.

Arthur J. D'Alessandro, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **August, 1944** **No. 8**

WHEN an individual with congenital heart disease acquires tuberculosis it is a serious mishap. The medical adviser must then make the choice between conservative treatment of the tuberculosis or using some form of collapse therapy with the attendant risk of burdening the already embarrassed circulatory systems still further. A recent study of a number of cases suggests that prompt and active therapy directed at the tuberculosis offers the best chance of preserving the already short life span of these individuals.

PULMONARY TUBERCULOSIS ASSOCIATED WITH CONGENITAL HEART DISEASE

It is commonly accepted that individuals suffering from congenital heart disease are prone to develop and later to succumb to pulmonary tuberculosis. Of all patients with congenital heart anomalies it is those with pulmonary stenosis who seem most likely to develop tuberculosis. Whether it occurs more frequently in this group than among a comparable number with normal hearts cannot be stated positively without detailed statistical analyses. Case reports seem to show that tuberculosis is no greater menace in patients with pulmonary stenosis than is their cardiac defect.

It is true, however, that many persons born with this anomaly die before they have relatively much opportunity to develop tuberculosis, many of them being so incapacitated that they are protected from infectious contacts. If predisposition does actually exist it must arise primarily in the faulty oxygen and blood exchange characteristic of these cases.

This study concerns the frequency of congenital heart conditions in a tuberculosis institution, the course of the pulmonary disease and the efficacy and advisability of collapse therapy in the face of the cardiac handicap.

In the course of 1,545 necropsy examinations of tuberculous individuals, seven cases of congenital heart disease were discovered, an incidence of 0.4 per cent. This incidence may be higher than in most other tuberculosis institutions due to the fact that one out of eight beds in this hospital is allotted to pediatrics. It is lower than that observed in institutions devoted entirely to the treatment of children.

The diagnosis made from the symptoms and physical examination of six additional patients coincided unusually well with the defects found in the seven cases that came to autopsy. They exemplify the grouping of cardiac anomalies known as the *tetralogy of Fallot*. A picture of this condition is represented by this composite case report: The patient is a white youth in his lower teens. The history records cyanosis from birth or shortly thereafter and the diagnosis of congenital heart disease was made early. At that time the child was placed on restricted activity and followed in a hospital out-patient department. He has had no evidence of congestive failure and has led a fairly normal life until the onset of the pulmonary disease. Examinations show a young-appearing underdeveloped child not, as a rule, dyspneic, but with cyanosis and clubbing of the fingers and toes. The heart is enlarged in all dimensions, with a loud, harsh, systolic murmur at the base, usually associated with a systolic thrill. The lung findings are dependent upon the pulmonary pathology. Laboratory tests indicate a well-marked polycythemia and there are tubercle bacilli demonstrable in the sputum. Roentgenography and fluoroscopic examination demonstrate enlargement of both ventricles frequently more marked in the right and a prominent pulmonary

conus. The venous pressure is within normal limits and the blood pressure tends to be normal or slightly decreased. In the electrocardiogram are found right axis deviation with tall P waves, these often being notched. The pulmonary disease has not influenced the findings typical of the combined heart lesions making up the cyanotic group.

The onset of pulmonary disease in these cases was similar to that of patients without congenital heart disease. Some or all of the usual symptoms of tuberculosis were present in all cases. No difficulty was experienced in differentiating between the congenital heart disease and pulmonary tuberculosis since the congenital anomaly was diagnosed in all cases prior to the onset of the tuberculosis. The disease was moderately or far advanced on admission to the hospital in all but one case. The course of the disease and the lesions at autopsy were similar to those observed in patients without the cardiac hazard. The duration of life depended upon the extent of the disease on admission and the effectiveness of collapse therapy when that was used. The longest duration in the series of 13 cases was six years, the shortest courses were seven months. The average duration of life from the onset of the pulmonary infection to fatal termination was one to two years.

As the lesions and other factors of the pulmonary infection are the same whether or not the patient has congenital heart disease and as the cause of death depends upon the pulmonary rather than the cardiac status, it is the lung rather than the heart which should be the focal point of therapy. When bed rest fails to arrest the progression of the tuberculous infection or cannot accomplish cavity closure it must be supplemented by collapse therapy in spite of the cardiac pathology. When this procedure is adopted late in the course of the disease the possibility of arresting the tuberculosis is slight. The life expectancy of these patients even without the pulmonary complication is short. Nevertheless therapeutic measures, even hazardous ones, seem justifiable if they will prevent the patient from succumbing even more prematurely to tuberculosis.

In the group of cases here reported pneumothorax was instituted in five cases. In one case only was an effective pneumothorax established. In no case did collapse therapy increase the cardiac symptoms or lead to congestive heart failure.

It is recommended that congenital heart disease should not be considered a contraindication to thoracoplasty and in order not to deprive these patients of the few years of life expectancy due them, immediate operation may be more advantageous than a preliminary, often disappointing, trial of pneumothorax.

The Development of Pulmonary Tuberculosis in Congenital Heart Disease, Oscar Auerbach, M.D., and Marguerite G. Stemmermann, M.D., The American Journal of the Medical Sciences, February, 1944.

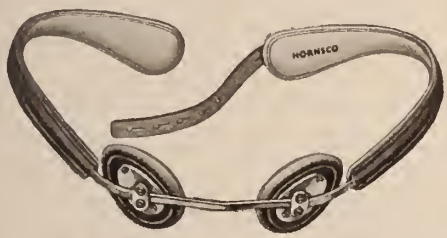
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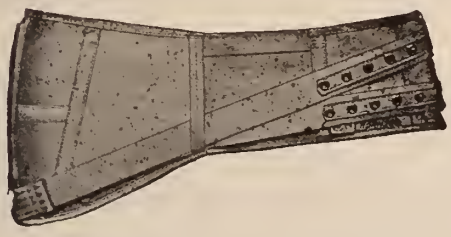
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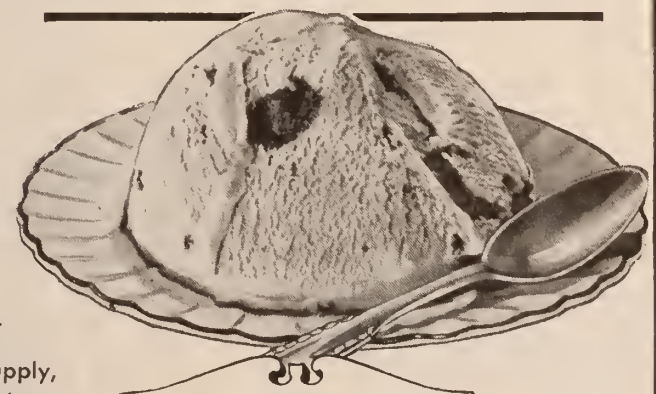
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The Journal is the official organ of The Medical Society of New Jersey, published monthly under the direction of the Committee on Publication. *The Journal* is released on or about the tenth of each month, and a copy is sent to each member of the Society.

Change of Address: Notice of change of address should be sent promptly to The Medical Society of New Jersey, 222 West State Street, Trenton 8, New Jersey.

Communications: Members are invited to submit to *The Journal* any suggestions for the welfare of the Society, as well as comments or criticisms of any material in *The Journal*. All such communications should be directed to the Editorial Office of *The Journal*. The Publication Committee reserves the right to publish, reject, edit or abbreviate any communications submitted to it.

Contributions: Manuscript submitted to *The Journal* should be typewritten, double-spaced on letter-size (about 8½ by 11 inch) paper, and forwarded to the Editorial Office at the address below. The Publication Committee expressly reserves the right to reject any contributions, whether solicited or not; and the right to abbreviate or edit such contributions in conformity with the needs and requirements of *The Journal*. Galley-proofs of edited or abbreviated manuscripts will be submitted to authors for approval before publication. Every care will be taken with the submitted material, but *The Journal* will not hold itself responsible for loss or damage to manuscripts. Authors are required to submit original copies only, and are urged to keep carbon copies for reference. It is understood that material is submitted here for exclusive publication in this *Journal*.

Illustrations: Authors wishing illustrations for their articles will submit glossy prints or original sketches, from which cuts or plates will be made by *The Journal*. The cost of making such cuts will be borne by the author, who will, after publication, receive the cuts for his own use. The cost of these cuts varies with size and type of the illustration, but averages about five dollars for a 3-by-3-inch plate. An estimate of the cost will be submitted to authors before the cuts are ordered.

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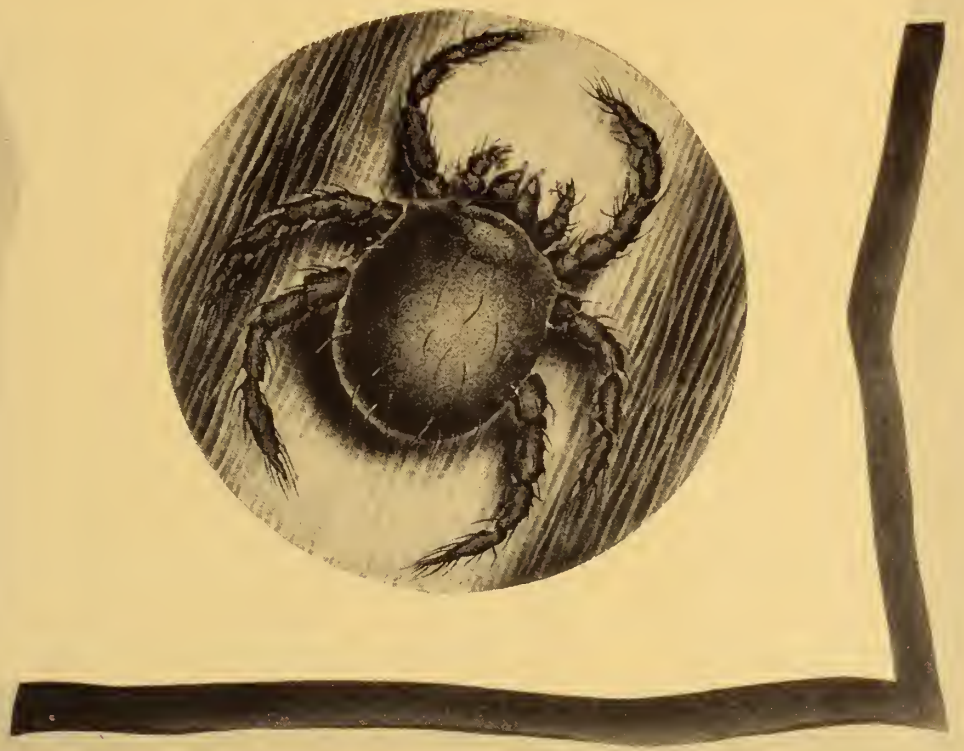
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THE 178th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

The Claridge Hotel, Atlantic City, New Jersey, April 25, 26 and 27, 1944

THE OFFICIAL TRANSACTIONS

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Issued as a Supplement to The Journal of The Medical Society of New Jersey, August, 1944

THE MINUTES OF THE HOUSE OF DELEGATES

Session I. Tuesday Morning, April 25, 1944

The First Session of the One Hundred Seventy-eighth Annual Meeting of the House of Delegates of The Medical Society of New Jersey convened in Cambridge Hall, The Claridge Hotel, Atlantic City, New Jersey, at eleven-ten o'clock, Dr. Ralph K. Hollinshed, of Westville, New Jersey, President of the Society, presiding.

The Chairman of the Credentials Committee reported a quorum of the House present.

President Hollinshed: I declare this One Hundred and Seventy-eighth Annual Meeting of The Medical Society of New Jersey officially in session.

APPROVAL OF MINUTES

Secretary Stahl: I move that the minutes of the 1943 Annual Meeting be accepted as printed in the Transactions.

The motion was regularly seconded and was carried.

DELEGATE FROM NEW YORK

President Hollinshed: At this time I would like to introduce to this House of Delegates Dr. Kenney, Past President of the Medical Society of the County of New York, and Delegate from the New York State Medical Society to our Annual Meeting.

Dr. John Stanley Kenney: Dr. Hollinshed and Gentlemen of the House of Delegates: It is a very great privilege for me to be here today and to represent New York State. I bring you the greetings of President McGoldrick, whom, I am sure, most of you know, and of Dr. Peter Irving, the Secretary of our State Society, who, because of his numerous duties in connection with the New York State meeting next week, could not get down here.

I have a little hankering for New Jersey. I wasn't born in the state but I lived in it for almost twenty years and received the major portion of my education in Montclair, New Jersey, and was a citizen of Newark until I finished my internship and established a practice in New York, so I feel I have a little connecting link with New Jersey.

I don't want to take up any time. I know what the House of Delegates has to do and, being a member of the New York House, I wish you well in all of your deliberations. I am cognizant of the problems that beset the medical profession and I hope that I will glean some facts and some thought today that will help us in our problems in New York, which are very similar to yours.

REFERENCE COMMITTEE ANNOUNCEMENT

President Hollinshed: The next item on the program is the consideration of the annual reports. I should like to say that the annual reports have been published in *The Journal,* and at this meeting we will consider the supplemental reports. Reference Committees have been formed, and the time, place and composition of these committees appear in your official program. It is the hope of your officers that the committee meetings will be well attended, that the Reference Committees will not only consider the supplemental reports which they hear today, but they will also take great pains in reviewing the annual reports which have appeared in *The Journal.* It is hoped that those members of the House of Delegates who are particularly interested in the welfare of The Medical Society of New Jersey and of organized medicine as a whole, and the health and welfare of the people of New Jersey, will attend the meetings of the Reference Committees.

It is there that you have an opportunity to express your views. If you have any particular gripe with The Medical Society of New Jersey or any of its committees for the way things are being done, or if you have any constructive criticism which will be of help to your officers and committees in the future, the Reference Committee is the place for you to present this.

If I hear no objections from the floor of the House of Delegates, the Reference Committees will stand as appointed and published.

ANNUAL AND SUPPLEMENTAL REPORTS

Next on the program is the report of the President. The original report appeared in the April *Journal.* I have a supplemental report which I will present at this time.

(Dr. Londrigan, President-Elect, took the Chair while President Hollinshed presented his supplemental report.)

PRESIDENT

Probably, one of the most important and vital problems now facing the medical profession and the public is the assurance of adequate medical care,

and its proper distribution to meet the needs and demands of the people.

Let us approach the problem from two angles: first, the availability of facilities and services; and second, the ability of our people to purchase the necessary services.

In New Jersey the facilities may be deemed reasonably adequate. During this present period of high wages, our hospitals are filled to capacity, but we know of no major emergency illness for which hospital accommodations were not available.

During this emergency there is a relative shortage of physicians throughout the state, but through the efforts of Procurement and Assignment Service, the distribution of physicians has been equalized as far as possible.

After the emergency, the question of additional community hospitals in some of our rural communities should be considered. These would be of advantage to our people and make the practice of medicine more attractive to local physicians.

The most pressing part of the problem is that of providing available funds for the payment of medical facilities and services.

To aid in the solution of this problem physicians must become more active in the civic affairs of their communities, and assist in the solution of these problems at a local level to fill local needs.

If the independence and welfare of medicine and our communities are to be properly protected, local governments must be made to recognize their responsibility for providing payment for the care of the indigent and medically indigent. If this is not done, this prerogative and responsibility may be taken over by the federal government and placed under centralized federal control.

The Voluntary Hospital Plan, now operating in the State, will meet the costs of hospitalization for the self-supporting groups.

To meet the medical needs of the people of this state, The Medical Society of New Jersey has sponsored and organized two medical service corporations.

To care for the indigent and medically indigent, we have created the Medical Service Administration. Through this we have demonstrated the ability and willingness of the profession to coöperate with federal and local government in providing medical care to groups of persons where the need has been demonstrated.

To evolve a satisfactory solution to our local problems in this state, the precedents and accomplishments of this organization must be understood and fostered by every member of the Society.

The problem of payment for the care of catastrophic illness can be taken care of by the Medical-Surgical Plan of New Jersey. This is experimental, evolutionary, and provides an adequate income for the profession, while retaining the basic tenets of our system of practice.

Certain changes contemplated by the Plan will remove the features that have been the basis of controversy, and make it acceptable to those groups who opposed it.

Organized medicine is now sponsoring voluntary medical service plans in twenty-two states. There are more than 250 plans operated by lay or industrial groups.

Industry has recognized the need for such plans, but such plans operated by industry, to fulfill an obligation which should be met by the profession, place the doctor under the control of industry, and are operated to promote industrial efficiency without meeting the needs of the people of the community.

The medical profession is in a vulnerable and untenable position if it fails to provide an alternative for plans proposed by the federal government.

The only alternative yet suggested is voluntary medical plans which demonstrate the ability of the profession to solve its own problems and meet the needs of the people. The Medical Society of New Jersey has these voluntary medical plans, and should proceed along the lines laid down in the Plans, without further dissention or lack of unity. The future welfare of the profession of this State will depend upon the County Societies' participation in, and the promotion of, our voluntary medical service plans.

During this period, while the Wagner Bill is being held up, we should make every effort to further our own plans, and place ourselves in a less vulnerable position, against the next assault of the socially-minded bureaucrats who would place the practice of medicine and the hospitals under Federal control.

We are facing a grave situation in the immediate years to come. Your Society is evolving a program to protect your future interests and is entitled to your support.

CHAIRMAN LONDRIGAN: This supplemental report of the President will be referred to Reference Committee "A", which meets on Wednesday, April 26, at 10 a. m.

Action: See page 19.

(President Hollinshed resumed the Chair.)

PRESIDENT HOLLINSHED: Next on the agenda is the report of the President-Elect, Dr. Joseph F. Londrigan of Hoboken, New Jersey.

PRESIDENT-ELECT

At no period in the entire history of American Medicine has there been a greater need for unity and solidarity among the members of our profession. Events in our age are moving with kaleidoscopic rapidity and we would be foolish, indeed, were we to pursue our individual ways in the fond belief that we and our profession can remain unaffected in a world of social upheaval.

In the year just completed much has been accomplished—in the year just beginning *much more must* be accomplished. If we are to function with the smoothness necessary to efficiency—if we are to achieve our planned objectives,—ours must be a united and militant organization. We will fail of our purpose unless there is a discontinuance of that hyper-critical attitude on the part of some—which even though well intended—can make only

for internal dissention, and petty quarreling—for disunion and defeat. In consequence, I ask that the House of Delegates go on record for unity in an "All-Out Support" for our State Medical Society and its parent organization, the A. M. A.

Solution of certain difficulties in the Medical-Surgical Plan are practically completed. This happy solution is of the greatest importance because this is the answer of The Medical Society of New Jersey to the iniquitous Wagner-Murray-Dingell Bill.

It might be well to recall that during the First World War, while millions of our citizens were absent from the country, there was thrust upon the nation the obnoxious Prohibition Amendment. True, it was later repealed—but during its attempted enforcement what evils did it not perpetrate upon our people. Now, in World War II, we have over 11,000,000 men in the armed services, among them some fifty to sixty thousand physicians. It is not at all strange that in their absence there should be introduced in Congress a Bill which would not only lower the standards of medical care to which our people have been accustomed for over half a century, but one which might well be construed as an infringement on personal rights. It is our bounden duty to maintain the high standards of medical care which have been established in this nation through the untiring efforts of the A. M. A.—it is our duty to oppose by a program of education the pernicious and dangerous Wagner-Murray-Dingell Bill.

This we can do in a large measure by giving our whole-hearted support to the Woman's Auxiliary. In their program they propose the promotion and dissemination of "Hygeia", a truly informative and educational Journal. With this educational weapon, our Auxiliary can well be a liaison between our profession and the public and by means of an intensive campaign, not a little can be achieved toward the attainment of our objectives. I ask, therefore, endorsement of our Woman's Auxiliary and their sponsored project—the promotion of "Hygeia", and feel confident that the House of Delegates will grant such endorsement.

Our profession is recognized as one of honor and dignity, with the most exalted of ethical standards. It need not resort to "lobbies" in our National Capitol to justify its position. The true American is aware of the high place of "his doctor" in the multiple strata of our complex social life; he regards that doctor—not as a stranger who is a mere incident in his life, but, considers him as friend and confidant—a person, not a trained automaton designated by law. If properly informed, he will resent in characteristic American fashion any attempt to destroy a relationship that above all else is of a personal nature—a relationship that is part and parcel of his American way of life. Our fellow practitioners now serving the nation for the preservation of that American way expect to return to the practice of a profession untrammeled and unhindered by vicious legislation. Let us see to it that their expectation is realized.

This we can do by unity—unity in purpose, unity in plan, unity in action! For trite as the expression may seem, it is nevertheless as true today as ever—"United We Stand, Divided We Fall".

President Hollinshed: The supplemental report of the President-Elect will be referred to Reference Committee "A".

Action: See page 19.

SECRETARY

At this time we will have the report of the Secretary.

Secretary Stahl: No supplemental report.

ANNUAL REPORT OF THE TREASURER

President Hollinshed: The Chair will hear the report of the Treasurer from Dr. North, in the absence of our Treasurer, Dr. George J. Young, who is ill, and unable to be at this meeting.

ANNUAL REPORT OF THE TREASURER

STATEMENT OF RECEIPTS AND DISBURSEMENTS

GENERAL FUNDS

June 1, 1943, to April 15, 1944

Receipts

Assessments:		
Atlantic County	$ 1,738.00	
Bergen County	4,367.00	
Burlington County	968.00	
Camden County	2,701.00	
Cape May County	457.00	
Cumberland County	1,078.00	
Essex County	18,552.00	
Gloucester County	792.00	
Hudson County	7,709.00	
Hunterdon County	523.00	
Mercer County	3,784.00	
Middlesex County	2,785.00	
Monmouth County	2,043.00	
Morris County	1,711.00	
Ocean County	330.00	
Passaic County	5,852.00	
Salem County	506.00	
Somerset County	897.00	
Sussex County	440.00	
Union County	5,588.00	
Warren County	540.00	
		$63,361.00
Interest		179.46
Maternal Welfare Books Sold		104.25
Revenue Unexpected		25.03
Journal Advertisements less Commissions		12,443.10
Commercial Exhibits		3,844.00
		$79,956.84

Disbursements

Budget Accounts:		
Administrative:		
A- 2—Executive Salaries and Wages	$4,145.00	
A- 3—Executive Office Expenses	1,030.21	
A- 4—Executive Travel	463.54	
A- 5—Rent, State Headquarters	1,600.00	
A- 6—Treasurer	8.42	

A- 8—Bonding	$ 2.00	
A- 9—Audit	327.32	
A-10—Secretary	518.19	
A-11—Unemployment Compensation Insurance	59.89	
A-12—Insurance	235.83	
		$ 8,470.40
Journal:		
B-1—Journal Publication	$9,783.76	
B-2—Cuts	11.68	
B-4—Journal Salaries and Wages	1,630.00	
B-5—Journal Office Expenses	299.13	
B-6—Journal Travel	49.41	
		11,773.98
Welfare:		
C-2—Welfare Committee	$ 628.29	
C-3—Legislative Committee	2,800.63	
C-4—Public Health Committee	748.66	
C-5—Public Relations Committee	84.67	
C-6—Medical Practice Committee	339.11	
		4,601.36
Special:		
D- 1—President	$ 131.23	
D- 2—A. M. A. Delegates	294.46	
D- 8—Woman's Auxiliary	531.16	
D-11—Medical Service Administration	8,333.33	
D-13—Post-Graduate Education Committee	15.75	
		9,305.93
Contingent		2,076.44
Annual Meeting		127.91
Pension		1,250.00
		$37,606.02
Less Taxes withheld from salaries		41.04
Net Budget Account Expenses		$37,564.98
Commercial Exhibits		92.25
Accounts Payable, year ending May 31, 1943		711.57
Remission of 1943 Dues to Members in Service:		
Atlantic County	$ 34.00	
Bergen County	85.00	
Burlington County	34.00	
Cumberland County	17.00	
Essex County	652.75	
Hudson County	221.00	
Mercer County	85.00	
Middlesex County	54.00	
Monmouth County	51.00	
Morris County	51.00	
Ocean County	17.00	
Passaic County	51.00	
Salem County	34.00	
Somerset County	17.00	
Sussex County	17.00	
Union County	170.00	
		1,590.75
		$39,959.55

PERMANENT CAPITAL FUND

	May 31, 1943	Apr. 15, 1944
Cash	$ 1,047.04	$ 1,558.09
Government War Bonds	7,500.00	9,500.00
U. S. Treasury Bonds	4,045.94	2,045.94
Investors Mortgage & Realty	1,380.25	1,038.25
Trenton Mortgage Service Co.	1,092.02	922.97
	$15,065.25	$15,065.25

KIPP MEMORIAL FUND
Eye, Ear and Throat Section

	May 31, 1943	Apr. 15, 1944
Howard Savings Institution, Cash	$37.10	$38.18

SCIENTIFIC RESEARCH FUND

	May 31, 1943	Apr. 15, 1944
Cash	$187.50	$ 7.50
Government War Bonds	100.00	300.00
	$287.50	$307.50

PRESIDENT HOLLINSHED: The report of the Treasurer will be referred to Reference Committee "B".

Action: See page 19.

BOARD OF TRUSTEES

DR. THOMAS B. LEE: The Board of Trustees has no supplemental report.

JUDICIAL COUNCIL

The Judicial Council had no supplemental report.

DELEGATES TO THE A. M. A.

DR. WELLS P. EAGLETON: I report that the Delegates had a meeting with Dr. Bauer in Newark, who explained what the A. M. A. is doing. He will give you all an account of it tomorrow at two o'clock. I think it is very important that you should all come and hear what the Council on Medical Service and Public Relations of the A. M. A. is doing.

PRESIDENT HOLLINSHED: You have heard this supplemental report of the Delegates. It will be referred to Refernce Committee "F".

Action: See page 22.

ACTING EXECUTIVE OFFICER

MRS. EDITH MADDEN: No further report.

PRESIDENT HOLLINSHED: That brings us to the reports of committees. The first committee on the list to report will be the Committee on Finance and Budget, Dr. Harry North, Chairman.

FINANCE AND BUDGET COMMITTEE

DR. HARRY NORTH: We have had a meeting of the Finance Committee and our report has been presented to the Trustees and given

the green light. If you want me to read this entire budget, it is just about the things that have been for years past. The total is $63,349.

President Hollinshed: I would make a suggestion that all those Delegates who want to hear this report or see it, or study it, appear at the meeting of the Reference Committee. It will save time and streamline our actions.

The Medical Society of New Jersey

April 24th, 1944

1944-1945 BUDGET

A- 1—Acting Executive Officer—Salary	$ 1,000.00
A- 2—Executive Salaries and Wages	5,200.00
A- 3—Executive Office Expenses	1,200.00
A- 4—Executive Travel	800.00
A- 5—Rent—State Headquarters	2,100.00
A- 6—Treasurer	150.00
A- 7—Finance and Budget Committee	50.00
A- 8—Bonding	82.00
A- 9—Audit	330.00
A-10—Secretary	2,000.00
A-11—Unemployment Compensation Insurance	150.00
A-12—Insurance	200.00
B-1—Journal Publication	14,000.00
B-2—Cuts	150.00
B-4—Journal Salaries and Wages	2,080.00
B-5—Journal Office Expenses	500.00
B-6—Journal Travel	200.00
C-2—Welfare Committee	1,000.00
C-3—Legislative Committee	3,800.00
C-4—Public Health Committee	1,100.00
C-5—Public Relations Committee	250.00
C-6—Medical Practice Committee	1,200.00
D- 1—President	2,500.00
D- 2—A. M. A. Delegates (5 to Chicago, June, 1944)	675.00
D- 3—Dues — Allied Conference, Professional Relations	50.00
D- 8—Woman's Auxiliary	600.00
D-11—Medical Service Administration	10,382.00
D-13—Post-Graduate Education Committee	100.00
D-14—Social Security Committee	5,000.00
E—Contingent	3,000.00
F—Legal	1,000.00
G—Annual Meeting	1,000.00
H—Pension	1,500.00
Total	$63,349.00

Dr. North: Now, before I attempt to fix the per capita assessment, I would like to present a resolution.

Resolved, That, because of the uncertainties of the war, the indefinite aspect of income and expenses for the duration, and because we must and should do something for the men in service when they return from war, we hereby rescind our action of some years ago limiting our surplus to $20,000.

Now, this resolution from the Board of Trustees, was passed last night, and let me explain it to you just a little.

It has been for some years our practice that if we have over $20,000 surplus, we have to lower the dues to meet that $20,000. If we go below $20,000, we have to raise the dues to meet the $20,000.

The Finance Committee and the Board of Trustees feel that this should not hold good during the duration, that we should accumulate a surplus, even if it is $40,000, or even if it is $50,000, so when these men come back from service we can do something for them. What that is, I am not prepared to say. I would suggest when they come back for the first year in practice they have no dues to pay. That would mean an outlay of $50,000 to $60,000 if our dues amount to $15 apiece. I think it is the least we can do for them, and I can promise you the money won't be spent for cigarettes. We have an auditor, and really the only man who would have to go to jail if anything went wrong would be myself, and I am willing to take the responsibility if you will back me up.

If I can have that as a motion and have this House pass upon it now, I will be able to tell you whether I can give you a per capita assessment.

Dr. Watson B. Morris: I so move.

Dr. Burkett: I second the motion.

Dr. North: It is somewhat out of order, I realize, but it has to be done.

President Hollinshed: This is somewhat irregular. My parliamentarian says there should be a suspension of the rules.

Dr. Thomas K. Lewis: I move suspension of the rules.

The motion was regularly seconded, and was carried without a dissenting vote.

President Hollinshed: We are now privileged to consider a motion from Dr. North.

Dr. North: "Resolved that because of the uncertainties of the war, the indefinite aspect of income and expenses for the duration, and because we must and should do something for the men in service when they return from war, we hereby rescind our action of some years ago limiting our surplus to $20,000."

I so move.

Dr. Burkett: Seconded.

The motion was carried without a dissenting vote.

PRESIDENT HOLLINSHED: It is so ordered. We will now be pleased to go back to the regular order of business. It is regularly moved and seconded that we proceed with the regular order of business. All in favor will say "aye"; opposed, "no". It is so ordered.

DR. NORTH: The per capita assessment will be the same as last year, $22.

I wish to call your attention to a letter from the Treasury Department, relative to income tax, an analysis of which appeared in the Treasurer's report in the April *Journal*.

PRESIDENT HOLLINSHED: The report from the Finance and Budget Committee will be referred to Reference Committee "B".

Action: See page 19.

COMMITTEE ON MEDICAL DEFENSE AND INSURANCE

The Committee had no supplemental report.

PUBLICATION COMMITTEE

DR. BARKHORN: No supplemental report.

COMMITTEE ON SCIENTIFIC WORK

The Committee had no supplemental report.

COMMITTEE ON HONORARY MEMBERSHIP

DR. LUCIUS F. DONOHOE: No supplemental report.

COMMITTEE ON WOMAN'S AUXILIARY

DR. WILLIAM E. DODD: No supplemental report.

COMMITTEE ON POST-GRADUATE EDUCATION

DR. HENRY B. DECKER: No supplemental report.

COMMITTEE ON ANNUAL MEETING

DR. HARROLD A. MURRAY: No supplemental report.

WELFARE COMMITTEE

DR. HERSCHEL S. MURPHY: Mr. President, I have two supplemental reports of the Welfare Committee that were not printed in *The Journal*. One is on venereal disease control, from the Venereal Disease Committee.

VENEREAL DISEASE CONTROL COMMITTEE

A meeting was held on March 12th, 1944. Members present were Drs. Kiley, Robinson, Casselman, Usher.

The following recommendations were reported to the Committee of Public Health and the Executive Committee:

1. Approval of Senate Bill No. 56, for establishment of a hospital for control and treatment of infectious venereal diseases.
2. Approval of amendments:
   26-4-27
   26-4-26
   24-4-37
   To make Lymphogranuloma, and granuloma venereum reportable as infectious venereal diseases.
   To give jurisdiction in control of venereal diseases to local and state health officers.
   To improve quarantine law and make it enforcible.
3. Approval of ten-point program for private physicians in control of venereal diseases. Reason: The clinic load of patients has diminished and patients have transferred to private physicians for treatment.
4. Approval of distribution and showing of leaflets for "Minimum Office Procedure for Prevention and Treatment of Congenital Syphilis". Showing of movie in color entitled "Syphilis".

JOHN E. KILEY, M.D., Chairman.

Mr. President, this is the report of the Committee—the supplemental report from the Venereal Disease Control Committee.

PRESIDENT HOLLINSHED: This will be referred to Reference Committee "E".

Action: See page 21.

DR. MURPHY: I have also a supplemental report of the Joint Committee on Tuberculosis and Adult Disease.

TUBERCULOSIS AND ADULT DISEASE COMMITTEE

During the past year this joint committee held no independent meetings. Your chairman felt that there was no particular problem important enough to bring together a committee with such diverse interests at a time when everyone had so many more important responsibilities to meet. Current matters of minor importance were disposed of through informal conferences with other members of the committee and the Chairman of the Public Health Committee.

Several months ago the State Department of Health submitted a preliminary outline of plans for the organization of a Bureau of Tuberculosis to your chairman that seemed very comprehensive and promising. This committee has also been made aware of the fact that the State Department of Health is taking over mass surveys in industry begun by the United States Public Health Service. In this connection the question has been raised as to the propriety of doing these surveys gratis. A special meeting was called for the purpose of discussing this problem but only one other member of the committee attended. Although forced to make a minority report, it may be assumed the committee as a whole would probably agree with the conclusions, that the detection and prevention of communicable diseases was a public responsibility that resulted in benefits to all concerned. This being the case, it may be reasonably argued that the cost should come out of public funds. Furthermore, the benefits are not only to labor but

to the public at large and the medical profession as well for the proper follow-up of the discovered cases would inevitably mean a return to the private physician both roentgenologist and general practitioner. This is as far as the committee can go in recommending these surveys. This matter was presented on March 12, 1944, at a meeting of the Public Health Committee at which time the following motion was made by your chairman, seconded by Dr. Lathrop and unanimously carried:

"That the Committee on Tuberculosis and Adult Disease Control wishes to go on record as endorsing industrial x-ray surveys for the discovery of tuberculosis, and is in favor of the plan outlined by the Board of Health, leaving the question of sponsorship, of cost, etc., to be determined by the State Society, through its appropriate committees."

ABRAHAM E. JAFFIN, Chairman.

PRESIDENT HOLLINSHED: This report will be referred to Reference Committee "E".

Action: See page 21.

SUPPLEMENTAL REPORT OF THE SPECIAL COMMITTEE ON MEDICAL CARE PROGRAM FOR WIVES AND CHILDREN OF ENLISTED MEN

DR. MOUNT: Meeting of the Special Committee on the Medical Care Program of Wives and Children of Enlisted Men of The Medical Society of New Jersey, April 25, 1944, in Atlantic City.

It was resolved:

That this Committee be merged with the Medical Practice Committee.

PRESIDENT HOLLINSHED: This report will be referred to Reference Committee "E".

Action: See page 21.

SPECIAL COMMITTEE ON WAR PARTICIPATION

The Committee had no supplemental report.

STATE BOARD OF MEDICAL EXAMINERS

The State Board had no supplemental report.

MEDICAL SERVICE ADMINISTRATION AND MEDICAL-SURGICAL PLAN

There was no supplemental report.

SUBCOMMITTEE ON LEGISLATION

As we mentioned in our last Bulletin (No. 2, issued April 18th), we are glad to be able to report that we reached all our legislative objectives in the State Legislature this year, and that the bills (3) which the Society sponsored passed both houses without any opposition.

The bill (S-152) amending the Medical Service Corporation Act was passed. As presented by the Medical Service Administration and approved by the Board of Trustees this bill, at the request of the Banking and Insurance Department, would have applied to medical service corporations organized for *profit*, as well as *non-profit*. The introducer of this measure, Senator Scott, of Cape May, who also introduced the original Medical Service Corporation Act four years ago, disliked this amendment, feeling medical service corporations should continue to be described as non-profit organizations. Upon recommendation of the Subcommittee on Legislation the Welfare Committee, at its last meeting, agreed to the deletion of this provision. The bill was strengthened, however, by the insertion of phraseology, suggested by the Banking and Insurance Department, which makes it impossible for any organization other than a non-profit organization to operate a medical service corporation. This, of course, does not exclude commercial companies from writing health and accident insurance. This bill was signed by the Governor on April 13th.

Assembly Bill 134 by Mr. Nelson amends the Medical Practice Act by:

1. Providing, during the war emergency, for a nine months' interneship instead of twelve months.
2. Making the plea of nolo contendere or non vult in criminal cases equivalent to a plea of guilty, and cause for revocation of license.
3. Making the payment of a penalty for illegal practice equivalent to a plea of guilty, and permitting larger penalties to be imposed ($500) for subsequent violations.

Assembly Bill 135 by Mr. Nelson exempts chiropodists from the prohibitory provisions of the Medical Practice Act when operating in each specific instance under the direction of a licensed physician. Under the present Act nurses, masseurs, physiotherapists, et cetera, are exempt when operating under the specific direction of a licensed physician in each individual case.

CHIROPRACTIC BILLS

Late in the session (March 27th) two bills were introduced, Senate 156 and Assembly 295. Either bill would have created a separate board of chiropractic examiners and established "certain standards" for licensure. Neither of these bills was referred to the public health committees of the Senate and Assembly as they normally should have been. The Senate bill was referred to the Committee on the Judiciary and the Assembly bill to the Committee on Ways and Means. Both bills were reported out *very promptly*. The bills were dangerous, Assembly 295 especially so; it had real power behind it because of political influence.

Because of the fact that both bills had been reported out and on second reading, and could be brought to a vote, it became necessary to promptly organize effective and concentrated opposition to both measures. For the most part excellent cooperation was given by the Legislative Keymen of the County Societies, and by individual members who wrote and telegraphed their representatives in opposition. The Presidents of the Passaic and Essex County Societies, Dr. Charles J. Murn and Dr. J. Wallace Hurff, respectively, did yeoman work in this connection. I would be remiss were I to omit

to mention the fine coöperation our Committee received from our esteemed Past President, Dr. McBride, whose influence particularly in Passaic was most helpful. In addition, we desire to acknowledge the assistance by the Trustee Adviser of our Committee, Dr. Samuel Alexander, whose influence with the legislators from Bergen County was definitely an important factor in our eventual victory. The Committee also had excellent support in its opposition to these bills from the Nurses' organizations, the Pharmaceutical Society, the Dental Society and the New Jersey Osteopathic Society. As a result of this intensive effort neither bill could muster enough support in caucus to warrant coming to a vote; and inasmuch as the Legislature has adjourned sine die, both bills are dead for this session.

As a sequel, however, a resolution (similar) was introduced in the Senate and in the Assembly creating a committee of three to make a study of the subject of licensing and regulating the practice of chiropractic in this state and to recommend to the Legislature such legislation as it deems necessary.

We do not know at present when hearings upon this matter will be started, what the scope will be and whether the committees will meet jointly. A meeting of the Subcommittee on Legislation will be held during this Annual Meeting to make preparations for our participation in these hearings.

National Legislation

As we mentioned in our last report to the Welfare Committee, approximately 290 bills having some medical interest have been introduced in the Congress during this (the 78th) session. We were advised last month by the Bureau of Legal Medicine and Legislation of the American Medical Association that hearings on emergency maternity and infant care appropriations would be held before the subcommittee of the House Committee on Appropriations and were asked whether this Society would be represented. President Hollinshed designated Dr. Walter B. Mount, Chairman of the Special Committee on Maternity and Infant Care of Wives and Children of Servicemen, to represent our Society at the hearings which will be held on April 27th and 28th.

We were also advised by the Bureau of Legal Medicine and Legislation on March 29th of a pending bill in the House of Representatives, which has had a favorable committee report, H. R. 4371, authorizing an annual appropriation of five million dollars to be allotted by the United States Department of Labor to state agencies administering labor laws, for use by such agencies in establishing and maintaining safe and proper working conditions "and in the preparation, promulgation and enforcement of regulations to control industrial health hazards". Inasmuch as a minority report was filed on this bill it will be necessary for the proponents of the measure to obtain a special rule from the House Committee on Rules before any action can be taken on the bill in the House. Last week we wrote to the fourteen members of the Committee on Rules urging opposition to the creation of a special rule by the Committee to permit of action on this bill. In our letter to these Congressmen we stated that our opposition was in accord with the Council on Industrial Health of the American Medical Association in its attitude toward this measure. We also related that at present a unit with a personnel of eight or nine, devoting itself entirely to industrial health and hygiene, is operating with splendid effect in the New Jersey State Department of Health.

This Committee and the State Society, we think, have reason to feel gratified by the announcement that an office of the American Medical Association has been opened in Washington. This course was advocated by this Committee last year and supported by the action of the House of Delegates at our last annual meeting. The resolutions presented by our Delegates at the last meeting of the American Medical Association, along with others of similar import, we feel, had considerable to do with the accomplishment of this purpose. From the information we have—and it is not all published information—we have reason to believe that this agency will develop quite rapidly to fulfill the purposes that have been advocated by this Society.

Finally we desire to emphasize the appointment by both branches of our Legislature of committees to investigate the question of the claims made by the chiropractors. Whether this is merely a matter of attempting to satisfy the members of this cult or whether it is the intention of these committees to recommend in their reports subsequent legislation is at the present time an open question. However, our committee desires to recall the 1920 session of the Legislature when 597 chiropractors were licensed in one year. To our minds it is a call to us to be duly and truly prepared to meet every situation that may arise, hence we appeal to each member of our Society and of course to the officers and the Board of Trustees to meet the issue effectively. Inasmuch as the Legislature committees will meet within less than one month it will be necessary to anticipate their procedures and to have prepared all necessary data and information in order to advise the several members of these committees concerning our viewpoint in connection with the subject in question. As a Medical Society we look with favor upon an impartial investigation and hopefully anticipate the time when the cultist problem shall disappear from our horizon.

To the members of the Legislative Committee I hereby desire to extend my sincere appreciation for their cordial coöperation and interest.

B. S. Pollak, M.D., Chairman.

President Hollinshed: This report will be referred to Reference Committee "E".

Action: See page 21.

President Hollinshed: At the time when we called for a supplemental report from the Medical-Surgical Plan, no one was on the floor prepared to give a supplementary report. At this time, however, I recognize the Chairman of the Board of Trustees of the Medical-

Surgical Plan, Dr. Thomas K. Lewis, who will present a supplemental report on Medical-Surgical Plan.

MEDICAL-SURGICAL PLAN

A Twenty-one Month Experiment

Medical-Surgical Plan, as organized by The Medical Society of New Jersey, and as approved by the House of Delegates, completed twenty-one months of operation on March 31, 1944.

As of March 31st there were 20,460 persons enrolled in the Plan.

The Plan has received from its subscribers $120,884.69 and has paid $71,226.75 or 58.9% of this income to physicians for medical and surgical services rendered its subscribers and dependents.

From its earned income it has paid all administrative costs, all eligible claims in accordance with its pre-determined schedule of benefits and placed $19,850.33 or 16.4% of its earned income in reserve. In addition it retains intact the $5,000.00 capital fund donated by The Medical Society of New Jersey.

Public Opinion and the Future of Medicine

During this period of twenty-one months the medico-economic problem facing the profession has become more clarified. The general problem of social security promises to be the most important and most difficult domestic post-war problem facing the country. Other solutions of this problem so far proposed include federal control of the medical profession and the distribution of medical care.

Organized labor has expressed itself as firmly in favor of a national compulsory sickness insurance plan.

The National Planning Board and the Social Security Board have recommended to Congress the organization of a national health insurance plan. The second Wagner Bill has been introduced in Congress.

The national survey of public opinion conducted by Fortune magazine indicated that three-fourths (74.3%) of our people think the federal government should collect enough taxes after the war to provide medical care for every one who needs it.

The national survey of the National Physicians Committee, to analyze public opinion in more detail, indicated that 63% of our people believe that methods must be devised for easier payment of medical care costs, but only 16% favored a 6% deduction from their wages in order to provide payment for medical care and hospitalization.

It is such factual data, not personal prejudices and emotions, which should guide the profession. One way or another the people will eventually get what they want. The majority do not want it through compulsory taxation of their wages. They do not want it under federal control. A large majority believe that some form of pre-payment insurance could and should be provided.

Public attitude is a fact—the most important single fact confronting the profession today. It cannot be ignored. It indicates that alternatives to compulsory insurance to meet local needs and local demands must be provided by the profession if medicine of the future is to remain an independent profession.

Medical-Surgical Plan:—An Alternative for Federalization

Medical-Surgical Plan was organized to meet the expressed need of employed persons in New Jersey as a means of providing payment for medical services necessary in the care of catastrophic or serious illnesses.

It was organized, and is operated and controlled by the medical profession. It is an alternate for federal control of medicine in New Jersey. It has, we believe, demonstrated that this problem, as concerns employed persons, can be solved by the profession on a voluntary insurance basis, more satisfactorily than by a compulsory insurance program administered by the federal government.

The future of the Plan depends upon the attitude of the profession. If you believe our approach is correct, if you are interested in developing an alternative to federal control which will protect the future welfare of medicine the Plan is deserving of your full-hearted support.

Recent Changes in Enabling Act and Contract

On April 13, 1944, Governor Edge signed a Bill passed without a dissenting vote by our State Legislature. This new Act will give further protection to the medical profession in the operation of Medical-Surgical Plan. It is another example of the faith our Legislature and Governor have in the integrity, sincerity and intent of The Medical Society of New Jersey, and of their confidence that the profession can solve this problem to the best interest of our people and the profession.

The Act will allow us to issue a contract under which the hospital accommodation occupied by the patient is not the sole criteria in determining whether or not payments by the Plan will be deemed full fee or part fee of Participating Physicians. Among the new provisions of our contemplated contracts are the following:

"When Payment by the Plan Is Not in Full:

"If the patient shall have been admitted for a semi-private or ward accommodation but shall have agreed to pay the Participating Physician an amount in addition to that payable by the Plan, except that no such additional amount shall be payable to the Participating Physician if the then annual income of the subscriber and enrolled dependents is less than as defined in the Schedule of Income Limits. (The contemplated 'Schedule of Income Limits' will be $1800 for single subscribers after deducting income taxes, and $2500 family income under Family Contracts after deducting income taxes.)

"If the patient shall have been admitted for any type of accommodation and shall have failed to disclose to the Participating Physician the existence of this contract prior to such physician's agreement to render the medical and/or surgical services."

Our new contract, as approved by legal counsel, has been printed and is now in the hands of the Commissioner of Banking and Insurance for his criticisms or approval.

FINANCIAL EXPERIENCE

Month	Earned Subscriptions	Claims Amount	Claims Percentage	Operating Expenses Amount	Operating Expenses Percentage	Reserve Amount	Reserve Percentage
Accumulative as of December 31, 1943							
December 1943	$ 85,647.25	$49,757.00	58.1%	$23,488.90	27%	$12,401.35	14.5%
Three Months of 1944							
January 1944	10,702.50	7,196.25	67.24	1,669.91	15.6	1,835.84	17.5
February	11,882.11	6,378.50	53.68	2,507.58	21.11	2,996.03	25.31
March	12,652.83	7,895.00	62.4	2,140.72	16.9	2,617.11	20.7
TOTAL	$120,884.69	$71,226.75	58.9%	$29,807.11	24.6%	$19,850.33	16.4%

Some Important Medico-Economic Factors

March 31, 1944

Contracts in force	9,429
Persons covered	20,604
Persons per contract	2.11
Average monthly income per contract (21 months)	$1.34
Average monthly income per person (21 months)	0.61
Average claim cost per contract (21 months)	0.76
Average claim cost per person (21 months)	0.35

ACTIVITIES OF OTHER STATE SOCIETIES

Twenty-two State Medical Societies have obtained state legislation to allow for the organization of voluntary medical service corporations to be organized and controlled by the medical profession. Fourteen such corporations are now operating Plans with a total enrollment of over a million persons. From the experience gained by these Plans a way can be found for solving our important problem.

"The time is now ripe for . . . bringing the magic of averages to the rescue of millions."—(Winston Churchill speaking on post-war problems, March 22, 1943.)

PRESIDENT HOLLINSHED: The supplemental report of the Medical-Surgical Plan will be referred to Reference Committee "C".

Action: See page 20.

At this time I should like to interrupt, at the suggestion of Dr. Londrigan, and bring to the platform Dr. Louis H. Bauer, Chairman of the Council on Medical Service and Public Relations, of the American Medical Association, and of Hempstead, Long Island. I will not ask Dr. Bauer at this moment to say a few words. We will proceed with the order of business and at the end of our schedule I will call upon Dr. Bauer to make a few remarks.

NEW BUSINESS

PRESIDENT HOLLINSHED: This brings us to the item of New Business, and under New Business I will recognize Dr. Schlichter who will present a supplemental report from Procurement and Assignment.

You will remember in the beginning of the Emergency our State Society had a Committee on War Participation, and later the duties of this committee were taken over by Procurement and Assignment, in part at least.

While Procurement and Assignment is not a part of The Medical Society of New Jersey, and we have no power to cause any change in the method of procurement and assignment, it is a matter which is of vital interest to us, and we have coöperated to the fullest extent with Procurement and Assignment; therefore, I recognize Dr. Schlichter, who will present this report.

PROCUREMENT AND ASSIGNMENT

DR. CHARLES H. SCHLICHTER: You all remember that when war seemed to be in the offing, Dr. Morris, who was then President, appointed a Committee on Medical Preparedness. That committee functioned in several ways, one of which was to prepare the profession for what would be expected of it in service to the Armed Forces. Many meetings were held all over the state, and, on the whole, our men have responded nobly.

When war broke, the Committee on Medical Preparedness was no longer necessary and a Committee on War Participation was formed, which is now in existence. Early in April, about two years ago, there was formed from the Manpower Commission the Service of Procurement and Assignment, and a Chairman was appointed in each state, with some states having Vice-Chairmen. This happened in New Jersey. We have a Chairman and Vice-Chairman who acts as Secretary, and we also have an Advisory Committee.

We have offered a report to the House of Delegates of New Jersey because we believe that this is one of the most vital interests that should affect physicians. Two thousand of our members are in service, two thousand medical men. That includes men who are not members of the Medical Society. They are serving all over the world and you know that they are writing a page of history for medicine that has never been excelled and which will be spread upon the future histories as one of the bright

spots and the greatest contributions to the war effort.

We have reduced as a profession where we lost close to approximately fifteen out of every hundred wounded in the last war, to approximately three in every hundred wounded in this war. You see the difference. Our young men are doing their work on the front line and are doing it well. They are administering plasma right where the man falls, and they are doing their operative work only a few hundred yards behind the battle lines, and then the cases are quickly evacuated, largely by air. Some 136,000 have been evacuated by air.

While I am on my feet, I might say we have organized in New Jersey six affiliated units from different hospitals throughout the state, composed of fifteen attending from each of those hospitals, and these men have recently had a week's training over at Halloran General Hospital, Staten Island—that is, three of the Units, Atlantic City, Elizabeth, and Beth Israel, from Newark, were there two weeks ago, and in the first part of May, the Units at Paterson and Jersey City, and City Hospital in Newark, will be taken into service.

That is preliminary to what I have to say to you in our supplemental report.

SUPPLEMENTAL REPORT
INTERNE TRAINING

This Supplemental Report is the report of a Special Committee appointed by the Chairman to study the problem of Interne Training in New Jersey Hospitals.

In presenting this supplemental report of Procurement and Assignment Service the Chairman and Vice-Chairman wish to express their appreciation of the work done by this special committee. The committee did its work thoroughly and well, and we trust its efforts will lead to further accomplishment.

The problem does not deal with procurement of physicians for our armed forces, therefore, an explanation is in order for the reasons for this report.

It became obvious during the early months of 1943 that there has been in the past, and would be in the future, a shortage of interns in New Jersey hospitals. Inquiries were made from among those best fitted to inform us, and it was shown that many of our New Jersey hospitals were not giving interns the training these young physicians desired and should be given. Therefore, an insufficient number of Class "A" school graduates were applying for positions in New Jersey hospitals. New Jersey is not the only state in which the defect exists. It seems to be a condition which exists in many hospitals, particularly hospitals of 300 beds or less throughout the country.

At the risk of being misunderstood and adversely criticized, the Chairman and Vice-Chairman decided to contact the deans of medical schools in this vicinity and frankly discuss with them the conditions existing in New Jersey hospitals and the best means of solving the problem to the end that our hospitals might procure an adequate number of interns in the future.

As a first step we met informally with several deans of New York and Philadelphia medical schools. In April, 1943, the State Chairman met in Washington with a subcommittee composed mostly of deans from schools in different parts of the country. Here the real discussion started, and the foundation was laid for coöperation by the deans in a movement looking toward the solution of the intern problem as it affected New Jersey hospitals.

We then addressed a meeting of the New Jersey Hospital Association, requesting that consideration be given the subject and that their Society suggest the names of members to serve on a special committee to study the problem. We explained the situation to the Board of Trustees of The Medical Society of New Jersey, requesting they suggest appointments to the committee. Both bodies responded and the following committee was appointed from:

The Medical Society of New Jersey—Dr. Richard Dieffenbach, Dr. Joseph Londrigan, Dr. Henry B. Decker

The New Jersey Hospital Association—Mr. F. Stanley Howe, Mr. Edgar Hayhow, Mr. I. E. Behrman, Rev. John Martin

The committee, with a group of invited guests, representing Procurement and Assignment Service and others interested in the problem, the President of The Medical Society of New Jersey, and a representative group of Medical School Deans, met in Newark, New Jersey. A general and frank discussion was held during which it was decided that from the group a subcommittee should be appointed to give more detailed study to the problem and draw up a program of Intern Training adaptable to New Jersey hospitals. The following men were appointed to the subcommittee: Dr. R. Dieffenbach, Dr. A. Casilli, Dr. H. B. Decker, Mr. E. Hayhow and Mr. I. E. Behrman. The report of this subcommittee was later presented to the committee as a whole and placed in its present form for presentation to this House of Delegates.

The keystone in solving this problem is the cooperation between the Attending Staffs and Administrators in our hospitals. It must be remembered that Intern Training is looked upon as a continuance of the undergraduate training of the physician, and, it is our belief, as exemplified in the report of the committee, that one of the duties of the well-seasoned, mature physician is to contribute what he can to teaching these young physicians. We admit that to a certain degree, this type of program has been carried out in some of our hospitals, and made out better in some hospitals than in others, but feel it is essential that some orderly program be established in all hospitals accredited for interne training.

We ask that this House of Delegates memorialize

the State Board of Medical Examiners requesting that they coöperate by admitting to their examination only such applicants who have had the equivalent of the training program outlined in this report.

A letter from Dr. MacEachern of the American College of Surgeons is attached. Dr. MacEachern is thoroughly versed in the component problem of interne training and hospital administration. His letter is self-explanatory.

We are fully aware that the program suggested in this report is forward looking and that it may not be possible to put it in practice at once, but we feel it is a step in the right direction which should receive the support of this House of Delegates and that it will reflect with credit upon the State, The Medical Society of New Jersey and the New Jersey Hospital Association.

We respectfully submit for your consideration this report, requesting that it be referred to a Reference Committee, feeling that if its suggested program is placed in operation it will place New Jersey in the forefront in attempting to solve this important problem and make our hospitals more attractive for interne training.

AMERICAN COLLEGE OF SURGEONS
40 East Erie Street
Chicago 11

April 3, 1944

Dr. Norman M. Scott, Secretary
Committee on Procurement and Assignment
20 Washington Place
Newark 2, New Jersey

My dear Doctor Scott:

Some time ago you sent me a report on "Intern Training," which I read with special interest. Because of my absence in Mexico in connection with the Inter-American Institute for Hospital Administrators and the War Sessions I failed to write you and congratulate you and your associates on such a fine movement.

Your plan, as described, is excellent because it will be state-wide, it will standardize internships to a practical extent and you have a committee of excellent ability and knowledge, representative of all interests. It is what we need in every state in order to keep internships on a proper level. We hear much criticism here and there and you know that at present the intern shops around a great deal. If a hospital wants to keep up a good supply of interns, it will have to give a good quality internship and this never happens without guidance and direction such as you are contemplating.

The first step is to make sure that the medical staff is interested and that it will take action in this connection. It is true you cannot standardize the content of the internship so that it can be adopted by all hospitals, but you can lay down adjustable guiding principles of procedure which will lead to the same objective.

I wish you would take up the program of graduate training for surgery which the American College of Surgeons is sponsoring and I am sure a large number of hospitals in New Jersey would cooperate.

I am always interested in the fine work you and the state medical society are doing for the betterment of medical practice and hospital work.

Very sincerely yours,
MALCOLM T. MACEACHERN, M.D.,
Associate Director.

PRESIDENT HOLLINSHED: This report will be referred to Reference Committee "D".

Action: See page 21.

HONOR TO DEPARTED MEMBERS

PRESIDENT HOLLINSHED: At this time I suggest to the House of Delegates that we rise and stand in silence for a moment in honor of those of our number who have departed from this life during the past year. Please stand.

(The House rose and observed a moment of silence.)

HONOR TO MEMBERS IN SERVICE

PRESIDENT HOLLINSHED: I feel also that it would be perfectly fitting and proper that we recognize officially by standing the feeling that we have toward those of our number who are serving in the Armed Forces. Dr. Schlichter tells us that there are two thousand or more physicians in the state in the Armed Forces. You will notice in our official program that we have made little or no reference to the men who are serving in the Forces. This is not because we do not have the greatest respect for them, but at this time I suggest that we stand for a moment as an indication of our feeling of respect for the men who are serving their country. Please stand.

(The House rose and observed a moment of silence.)

RESOLUTIONS

PRESIDENT HOLLINSHED: Under New Business we will consider resolutions. Resolutions, according to our By-Laws, have to be presented at this session. No new business will be considered during this meeting of the House of Delegates after the close of this morning's session, so any of you that have New Business to present, will please present it at this session.

We will at this time recognize Dr. Hurff, President of the Essex County Medical Society.

DR. J. WALLACE HURFF: Mr. President, the following motion was approved by our Council and endorsed by the Essex County Medical Society, with the thought that should it meet with the approval of this body, the Delegates to the A. M. A. would be so instructed. The motion is as follows:

Whereas, There are at present six or more na-

tional organizations which are studying social and public relations problems—

1. National Physicians Committee
2. Council on Medical Service and Public Relations
3. American Medical Association
4. The National Physicians' Association
5. The Western (national) Public Health League
6. The Association of American Physicians sponsored by Lake County; and

Whereas, Four of these organizations are acting independently of the A. M. A., and

Whereas, Three of these organizations are advocating the establishment of Bureaus in Washington, and

Whereas, Their multiple, confusing and ofttimes conflicting reports contribute greatly to the confusion of the Public and the Doctor alike;

Be It, Therefore, Resolved

1. That the A. M. A. divorce itself from outside organizations, namely the National Physicians Committee

2. That the A. M. A. assume the responsibility of representing organized medicine in all matters pertaining to medicine, particularly from the standpoint of public relations and Social Security

3. That a Bureau of Public Information be established in Washington by the A. M. A. as a means of interchange of ideas on medical problems between legislators, government bureaus and the profession.

I understand that since this motion was drawn the establishment of a Bureau of Information in Washington has gone into effect by the A. M. A. If so, if that is true, this third portion of this resolution may not be considered.

President Hollinshed: This report or resolution or motion will be referred to the Reference Committee on Resolutions and Memorials.

Action: See page 23.

I believe there are other resolutions to be presented.

Dr. Hawkes, representing the Committee on Revision of Constitution and By-Laws.

Dr. Hawkes: Mr. President and Fellow Delegates, I wish to present the following:

The Committee on Constitution and By-Laws recommends that the Constitution and By-Laws be amended by the insertion of the words "The Junior Past President" in Article VI of the Constitution, between the words "of" and "the" on line two.

As the result of this amendment the retiring President would be a member of the Board of Trustees.

President Hollinshed: I will read to you for your information Article XI of the Constitution, Amendments:

"This Constitution may be amended by two-thirds vote of the members present at any annual meeting provided that the proposed amendments have been considered by the Committee on Revision of Constitution and By-Laws, and that they shall have been submitted in writing at a previous annual meeting, shall have been published in the Journal of this Society, and officially sent to each Component Society at least three months before the annual meeting at which final action is to be taken."

Therefore, I rule that this resolution, which has been considered by the Committee on Revision of Constitution and By-Laws, and submitted in writing, shall take the prescribed course as indicated in Article XII of the Constitution.

Dr. Lee: May I ask a question of Dr. Hawkes, for the purpose of clarity? It doesn't specify how long the retiring President is to be a member.

Dr. Hawkes: He will be Junior Past President for one year.

Dr. Lee: It doesn't state that.

President Hollinshed: Dr. Lee raises a question as to the retiring President, the term of office of the retiring President on the Board of Trustees, and Dr. Hawkes has indicated that the intent of the resolution is that the term of office shall be for one year. Is that correct, Dr. Hawkes?

Dr. Hawkes: Yes.

Secretary Stahl: I think that should be stated in the resolution because some years ago all the Fellows were members of the Nominating Committee at one time.

Dr. Thomas K. Lewis: Mr. President, the interpolated words were "Junior Past President", of whom there can only be one, and he can only be one for a single year unless, as has happened this year, his successor happens to die, and that is the reason for the "Junior". You can't have two junior members, and you can't have that position for more than one year unless in the interim the last president has passed away. I don't see that it needs anything further.

President Hollinshed: I rule that the resolution as presented is in form and shall take the usual course.

Action: See page 22.

I will at this time recognize any members of the House of Delegates who have resolutions to present.

Dr. Samuel Alexander: I have been asked by Mrs. Madden, Acting Executive Officer of the Society, to present the following amendment to the By-Laws:

AMENDMENT TO BY-LAWS

Chapter I, Section 2 (a) "March fifteenth in each year is the final date for closing the official list of members", to be changed to "March **first** in each year * * *" (b) "On the fifteenth day of March in each year * * *", to be changed to "On the **first** day of March in each year * * *"

These proposed changes have been submitted to the Committee on Constitution and By-Laws and the reason for this change is that as in this year if we should have an early convention, it is very difficult for the office force to get the official list of members in shape on time, and they have asked that the By-Laws be changed so that March 1st be the final day for filing the list of official members.

PRESIDENT HOLLINSHED: For your information, I will read to you Chapter XV of the By-Laws, entitled, Amendments:

"These By-Laws may be amended at any Annual Meeting of The Medical Society of New Jersey by two-thirds vote of the members present provided that at least fifty members are present, and provided further that the amendments shall have been submitted to the Committee on Constitution and By-Laws and shall have been twice read in open meeting and laid upon the table for one day."

As I interpret this Chapter XV, we have had the first reading of this properly presented resolution before we adjourn. It should be read again, and then laid over and taken up at our meeting on Thursday afternoon. I so rule.

Action: See page 22.

DR. STANLEY H. NICHOLS: I have two resolutions here from the County Society, one of which bears on the same matter that Dr. Hawkes has brought up, and I might say, based on Essex County and other Societies, who have used their Past President.

Whereas, Many of our County Medical Societies and other organizations have long utilized the experience of Past-Presidents on their Executive Councils for a period of years following the end of their Presidency; and

Whereas, Our State Society has present need of all the wisdom and experience of those who have recently served the Society as President;

Therefore, Be It Resolved, That the appropriate committee be directed by the House of Delegates to provide an amendment to the Constitution and By-Laws that each President of The Medical Society of New Jersey shall be made a member of the Board of Trustees for a period of three years immediately following the expiration of his Presidential term of office.

Now the second resolution — I might say that in our County Society we are keenly aware that it is essential that the direct allotment under the Emergency Maternity and Infancy Act be made to service men. The service men and their wives and children have been denied a direct allotment by Congress. It is perfectly obvious that in the national picture this act, which now has twenty-three million dollars and more to spend, is direct Government medicine, and that unless we can do something better as a medical profession in this direction, it is a definite program of Governmental medicine in the future, now in operation.

We regard it as the most dangerous threat to democratic medicine we know of. This resolution bears on service men and their families. We also recognize unless we substitute something better, we cannot with good grace demand as a State Society and as the American medical profession and the American Medical Association, that the present program be altered.

Whereas, We physicians are keenly aware of the real sacrifices that the millions of men in our armed forces are making in this war fighting for freedom and the preservation of the American Way of life, and

Whereas, The Medical Profession is very desirous of helping maintain the morale of our fighting forces in the very important matter of their wives and children receiving the best possible available medical service, and

Whereas, The good *quality* of *medical* service and all *other* health professions' services depend largely on the *goodwill* and *hearty coöperation* of those actually *rendering* this service, and

Whereas, It is therefore *essential,* in order to render *good quality medical service* to service men's families, that the *Medical Profession itself initiate* and *maintain* all possible measures to promote the best possible medical service for these families, therefore

Be It Resolved, That as a tribute to our New Jersey men in service, putting into words what most of our member physicians are already doing, it be the declared policy of The Medical Society of New Jersey that our member physicians give extra consideration to the needs of service men's wives, children, and other dependents, where there is no *direct* government allotment to them, by adjusting fees for all medical services to them and also to the service men themselves after discharge from service to one-half of the usual charge for such services in all cases where the family income, now or post-war, in the opinion of the family physician, is a modest one and possibly insufficient for the maintenance of a reasonably good American standard of living, and

Be It Further Resolved, That The Medical Society of New Jersey recommend similar action to all allied Health Profession Organizations in New Jersey and in these United States and that copies of this resolution be transmitted to them.

STATE

The New Jersey State Dental Association
The New Jersey State Nurses Association
The New Jersey Public Health Nurses Association
The New Jersey State Pharmaceutical Association
The New Jersey Hospital Association
Etc.
The American Medical Association
The National Organization of Public Health Nursing
The American Dental Association
The American Hospital Association
The American Academy of Pediatrics
The American Association of Obstetricians and Gynecologists

PRESIDENT HOLLINSHED: These resolutions will be referred to the Committee on Resolutions and Memorials.

Action: See page 23.

Dr. Nichols, there is just one question in my mind about the first resolution, in regard to having the Past President serve on the Board of Trustees for three years. That would have to be a change in the Constitution.

You have not followed the proper procedure, I believe, in having this considered at this annual meeting. It should have been reviewed by the Committee on Revision of the Constitution and By-Laws, and approved by them, and properly presented by them.

All these reports are referred to the Committee on Resolutions and Memorials.

It seems to me that there were some other resolutions to be presented at this time. Wasn't there something from the Board of Trustees? Our President-Elect has a resolution. Will you please present it at this time?

DR. LONDRIGAN: A word of explanation in reference to this resolution: It is in reference to the Medical-Surgical Plan Bill which has been amended to meet with the suggestions made by the various Counties who offered these suggestions. They have been completed. The bill has been passed by the Senate and Assembly and signed by the Governor, and contracts are in final preparation that will meet all of the objections.

These Societies have not had opportunity to meet since these corrections have been made and in order that after they do meet, and we trust that they will approve of what we have done, this resolution asks the House of Delegates to place before the Board of Trustees the authority to continue that contract and assume that these two or three Counties will approve of our plan. It would not be necessary then to recall a special meeting of the House of Delegates.

Whereas, Certain County Medical Societies have not approved the Medical-Surgical Plan, and

Whereas, The Board of Trustees, through a Special Committee, has had numerous conferences with representatives of these Counties, and

Whereas, The objections of these County Societies have been met and the Medical-Surgical Plan revised accordingly, and

Whereas, These County Societies, through conflict of meeting dates, have been unable, since this revision, to hold meetings to approve this action, therefore

Be It Resolved, That this House of Delegates empower the Board of Trustees to rescind the action of the House of Delegates in reference to its action on Section 3 of the report of Reference Committee "B" at Newark, New Jersey, May 26, 1943, if, in the judgment of the Board of Trustees, subsequent events make this action advisable.

The action taken on Report of Reference Committee "B" is as follows:

1. That no organic change be made in the Plan as it is now constituted.
2. That in the interest of majority rule and fair sportsmanship all Counties in the State be requested to subscribe to the Plan for a period of a year in order that experience may be obtained and adjustments be made as experience will warrant.
3. That the decision of the Counties to support or oppose this Plan be left wholly in their jurisdiction, and that no attempt be made to get these Counties to subscribe to the Plan unless it is their voluntary request for additional information.
4. That in its initial year of trial a limit of approximately 100,000 subscribers be secured. This, we think, will be a fair cross-section upon which to base our future judgments for change and adjustment if necessary.

PRESIDENT HOLLINSHED: This report will be referred to the Committee on Resolutions and Memorials.

Action: See page 23.

I recognize at this time Dr. Lewis, who has a motion to place before the House of Delegates.

NEWS LETTERS TO MEMBERS IN SERVICE

DR. LEWIS: A number of men in the service who have formerly been extremely active in this Society have expressed the feeling that they are forgotten; they don't know what is going on in the Society. I realize that most of the activities have been presented in *The Journal,* which is forwarded to these men; nevertheless, it is not a very intimate way of letting them know that we are thinking about them.

Therefore, Mr. President, I move that the House of Delegates request the Board of Trustees to indicate an individual or set up a committee whose duty it shall be at intervals during the year to prepare in the form of a

letter a communication to our members in the service giving them the highlights of what is happening in our Society and other news of interest to such members.

DR. MORRIS: I second the motion.

The motion was put to a vote and was carried.

PRESCRIPTION WRITING

DR. HERSCHEL MURPHY: I have a motion I wish to bring before the House of Delegates. Before I bring the motion, I should like to make a few remarks.

In the December 4th issue of the A. M. A. Journal, on page 901, it said that the Council on Pharmacy will recommend henceforth for publications giving quantities and dosages in the metric or centimeter gram second system, and that while the necessary conversion tables would be printed in each volume, the product would be labeled only in the metric system.

I have been getting a little bit of literature in the last day or two from drug houses and I notice instead of going in more or less one direction, they are backing and filling, back and forth, because some of them give both systems, others give only apothecary's system, and others only metric system, and in view of this I thought I would like to introduce this motion.

I wish to introduce a motion that our delegates to the American Medical Association be instructed to work for a listing of both apothecary and metric measures on all literature of pharmaceutical houses and their products; further, that we recommend asking the American Medical Association to contact the faculty of all Class A medical schools to get their cooperation in teaching only the metric system, so that a gradual evolution can be made to the metric system, rather than a sudden transition, almost a revolution, during the present wartime emergency, while there is such a shortage of physicians.

DR. CHESTER I. ULMER: Mr. President and Members of the House of Delegates: As Chairman of your Committee on Pharmaceutical Problems, I wish to have the privilege of seconding Dr. Murphy's motion. In several issues of our New Jersey Formulary we set down both systems, metric and apothecary's; rarely was the metric system used. However, we grant that there are certain advantages to the metric system. We should be hesitant about a too rapid change. Second, we should not be too eager to create revolutionary changes in the practice of medicine while so many of our colleagues are away. If we do, perhaps some time we may hear protesting voices in such assemblies.

The motion was put to a vote and was carried.

INTRODUCTION OF DR. LOUIS H. BAUER

PRESIDENT HOLLINSHED: At this time I would like to introduce to you Dr. Louis H. Bauer, from Hempstead, Long Island, who is Chairman of the Council on Medical Service and Public Relations of the American Medical Association.

DR. LOUIS H. BAUER: Mr. President and Members of the House of Delegates: I was a little embarrassed to be brought up here this morning. I happen to be the speaker of the House of Delegates of the State of New York, and I thought I could slip in and get a few pointers on how a House should be run, but I was caught in the act. You have another meeting at two o'clock and you have to listen to me then so I will not bore you now except to thank you for your courtesy in inviting me down here.

PRESIDENT HOLLINSHED: Thank you, Dr. Bauer.

Before we recess, I want to call to the attention of the Delegates the General Session which is to be held this afternoon in this room at two o'clock. I want you all to try to be present to hear these wonderful speakers. I know they have a message which will well be worth hearing.

I declare this meeting recessed to meet on Wednesday at 12:30 p. m.

The meeting recessed at one-ten o'clock.

Session II. Wednesday Afternoon, April 26, 1944

The Second Session of the House of Delegates convened at twelve-forty o'clock, President Hollinshed presiding.

PRESIDENT HOLLINSHED: I will ask Dr. North to present the report of the Nominating Committee.

REPORT OF NOMINATING COMMITTEE

President-Elect:
Samuel Alexander
First Vice-President:
Frank G. Scammell
Second Vice-President:
Royal A. Schaaf
Secretary:
Alfred Stahl
Treasurer:
George J. Young
Trustees:
First District (3 years): William F. Costello
Second District (3 years): Joseph G. Coleman
Third District (3 years): George W. Fithian
Fifth District (3 years): Aldrich C. Crowe
Councilors:
Second District (3 years): Vincent P. Butler
Fifth District (3 years): Chester I. Ulmer
Delegates to the A. M. A. (2 years):
Wells P. Eagleton
Hilton S. Read
Thomas K. Lewis
Alternates to the A. M. A. (2 years):
Elmer P. Weigel
Lancelot Ely
Clarence W. Way
Delegate to Connecticut (1 year):
William G. Herrman
Alternate to Connecticut (1 year):
Alfred Stahl
Delegate to New York (1 year):
James F. Norton
Alternate to New York (1 year):
D. Ward Scanlan
Standing Committees:
Finance and Budget (6 years):
David B. Allman
Publication (3 years):
J. Lawrence Evans
Scientific Work, First District (5 years):
John W. Gray

There being no additional nominations, the candidates were elected unanimously, the Secretary casting the ballot.

PRESIDENT HOLLINSHED: Before we recess, I have an announcement that I should like to make. There will be a personally conducted tour through the England General Hospital, for all members of the Medical Society, tomorrow, Thursday afternoon, at 4:00 p. m. sharp. The England General Hospital is the former Haddon Hall Hotel. Those who plan to go on this tour please sign up at the registration desk.

The meeting adjourned at twelve-forty-five o'clock.

Session III. Thursday Afternoon, April 27, 1944

The Third Session of the House of Delegates convened at one-forty o'clock, President Hollinshed presiding.

PRESIDENT HOLLINSHED: I declare this final session of the One Hundred and Seventy-eighth Annual Meeting in session.

For fear that some of you who are now here may leave before the meeting adjourns, I want to take this opportunity of expressing to you all my sincere thanks, personally, and on behalf of The Medical Society of New Jersey, for your fine contribution this year, and I solicit your continued support for the incoming administration.

REFERENCE COMMITTEE "A"

PRESIDENT HOLLINSHED: We are now ready for the reports of the Reference Committees. The first we will hear from will be Reference Committee "A", Chairman, Dr. Frederic W. Lathrop.

Reference Committee "A" met Wednesday morning to consider the following reports, and action was taken as indicated.

Report of President (April *Journal,* page 129, and page 2 of these Transactions). The President's report is approved with special reference to his appeal for support of the American Medical Association by The Medical Society of New Jersey, now that the A. M. A. has at long last established a Bureau of Information in Washington.

Report of President-Elect (April *Journal,* page 130, and page 3 of these Transactions). This report is approved.

Report of Board of Trustees (April *Journal,* page 131). This report is approved with special reference to closer liaison between the Board of Trustees and the Welfare Committee.

Report of Special Committee on Social Security (April *Journal,* page 132). This report is approved.

Report of Secretary (April *Journal,* page 133). This report is approved.

Report of Judicial Council—No report. No action was taken during the year.

Report of Acting Executive Officer (April *Journal,* page 135). This report is approved. The Committee commends Mrs. Madden and her staff for the efficient way they have carried on the business of the Executive and Editorial Offices during the past year.

Dr. Lathrop moved the adoption of each section of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

REFERENCE COMMITTEE "B"

PRESIDENT HOLLINSHED: Reference Committee "B", Dr. Chester I. Ulmer, Chairman.

This Committee met with a 100 per cent attendance and was pleased to have present a number of interested members of the State Society.

Report of Treasurer (April *Journal,* page 134, and page 4 of these Transactions). We approve the annual report of this official, Dr. George J. Young. We regret that his illness prevented his personal attendance at this annual meeting.

Report of Finance and Budget Committee (page 5 of these Transactions). We approve the recommended figure of $22.00 as the State dues for next year. This is indeed a small amount for us who stay at home to pay when we think of the sacrifice of fortune, health and life of our colleagues in service.

We approve the resolution proposed by the Finance and Budget Committee, namely,

> "Resolved that, because of the uncertainties of the war, the indefinite aspect of income and expenses for the duration, and because we must and should be financially prepared to do something for the men in service when they return from war, we hereby rescind our action of some years ago limiting our surplus to $20,000.00."

We approve the budget for 1944-1945 as set up by the Finance and Budget Committee with the exception of one item. We recommend that the sum allocated to the Legislative Committee, namely $3,800, be increased $1,000 to $4,800, this increase to be for salary purpose. The feeling of your Reference Committee was that the greatly increased work and responsibility of the Legislative Committee warranted an adequate allowance. This recommendation was a unanimous one of the Reference Committee. The total budget figure would then read $64,349 instead of $63,349.

Report of Publication Committee (April *Journal,* page 139). Your Reference Committee "B" feels that the Publication Committee has issued a creditable Journal during the past year. This has been done in the absence of the Editor, who is away in the armed forces.

It is noticeable that there has been a less number of reading pages in the *Journal,* which is probably due to the fact that less material is coming from the County Societies and from their reporters.

We also note that the full list of State Committees was printed only twice during the year, in the August and April issues. We recommend that as soon as the emergency paper shortage is over that the full list of committees appear in each issue of *The Journal.* We feel that the entire membership of the State Society should have readily available the personnel of all of the State Committees.

Finally, your Reference Committee was concerned over the appearance of a full-page liquor adver-

tisement, also a half page one in the current April issue of our *Journal*. This is the first time in the long history of our *Journal's* publication that whiskey has had the opportunity to cuddle closely to digitalis in our advertising pages! Two members of the Reference Committee felt that liquor advertisements have no place in a dignified medical journal. Dr. Barkhorn, Chairman of the Publication Committee, who was present at our meeting, assured us that their continuance in our *Journal* would not be a permanent policy, and that their contract could be cancelled in three months, if desired. Your Reference Committee recommends that the liquor advertisements be continued for a trial period of three months. Within that time, or perhaps sooner, perhaps today, the Publication Committee can ascertain the reaction of members of the State Society.

Dr. Ulmer moved the adoption of each section of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

REFERENCE COMMITTEE "C"

PRESIDENT HOLLINSHED: Reference Committee "C", Dr. Sigurd W. Johnsen, Chairman.

Reference Committee "C" met on Wednesday, April 26th, 1944, at 11:00 a.m. Present: Dr. S. W. Johnsen, Chairman; Dr. H. W. Jack and Dr. J. W. Hurff. Absent: Dr. J. F. Norton and Dr. S. Barbash.

The annual and supplemental reports of the *Medical Service Administration* and the *Medical-Surgical Plan* (April *Journal*, page 164, and page 10 of these Transactions) were considered by Reference Committee "C".

We believe that the Farm Security Administration Medical Plan is essentially sound and enjoys the full coöperation of the Federal Security Administration. Steps are being taken to correct the defects which have arisen in the operation of the plan. We recognize that overloading of contracts and poor percentage of participation by the eligible farm families are serious problems which are aggravated by the lack of coöperation on the part of certain physicians involved. We recommend that the State Society communicate with all physicians in an attempt to secure their active coöperation so that the plan may eventually function with complete success.

Newark Medical Plan—The Committee feels that the Medical Service Administration is to be commended for initiating this program for the care of the indigent and medically indigent of the city of Newark. We recommend that these efforts be extended to other localities if and when the present plan proves successful. It is further recommended that the State Society send an official letter to the Honorable John A. Brady, Commissioner of Newark, expressing our appreciation for his coöperation and sympathetic understanding of the needs of the people of his community.

We recommend that the State Society actively support and coöperate in the further work of the Medical Service Administration.

Medical-Surgical Plan—The act controlling the Medical-Surgical Plan has been amended to meet the objections to the plan previously expressed, and to correct the defects which have been revealed by experience, and to more nearly fulfill the original concept of distribution of medical care. Income limitations have been incorporated in the contracts for full coverage. It is therefore recommended by your Reference Committee that the active coöperation of every member of the State Society and the active support of each County Medical Society be given to the Medical-Surgical Plan. Without this support, the failure or success of the plan must rest on the organized medical profession of New Jersey. With the active support of our members, we can most effectively meet the threat of Federal Compulsory Health Insurance. We therefore recommend that these reports and the supplemental report be approved.

Dr. Johnsen moved the adoption of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

REFERENCE COMMITTEE "D"

PRESIDENT HOLLINSHED: Reference Committee "D", Dr. David B. Allman, Chairman.

Reference Committee "D" met at 11:30 a.m. on Wednesday, April 26th, 1944, in Room 219 of the Hotel Claridge in Atlantic City, New Jersey, to consider the reports of:

The War Particiption Committee
The Post-Graduate Education Committee
The Scientific Work Committee
The Medical Defense and Insurance Committee
The State Board of Medical Examiners
The Procurement and Assignment Service

Those present were: David B. Allman, Chairman, Atlantic County; Harry N. Comando, Essex; William E. Dodd, Ocean.

War Participation Committee (April *Journal*, page 164). Inasmuch as this Committee acts in an advisory capacity to the Procurement and Assignment Service of New Jersey, they have no report other than that submitted by Procurement and Assignment.

The statement of the Chairman, Dr. J. Mallory Carlisle, to that effect is approved and we regularly move the adoption of such statement as his report.

Post Graduate Education Committee—The report of this Committee has been presented and thoroughly studied, and we are in accord with the contents of the same. It is a progress report and although the final Plan has not reached definite cul-

mination as yet we concur in the efforts and progress being made. It is regularly moved that this report be accepted.

Scientific Work Committee — Inasmuch as the Scientific Work Committee "has no report for 1943-1944", there is none to consider.

Medical Defense and Insurance Committee (April *Journal*, page 137). This report was studied by Reference Committee "D" and we feel that the report should be accepted.

We wish to emphasize two portions of that report, (1) calling attention to the additional hazards on the increase in using electric modalities and (2) the advisability of applying for non-cancellable accident and health insurance.

We move the adoption of the report of the Medical Defense and Insurance Committee.

State Board of Medical Examiners of New Jersey (April *Journal*, page 168). The detailed statistical report presented by the Secretary of the State Board of Medical Examiners has been carefully studied and the report speaks for itself.

Your Committee moves the adoption of this report.

Procurement and Assignment Service of New Jersey (April *Journal*, page 166, and page 11 of these Transactions). The detailed report of Procurement and Assignment, together with the supplementary report presented by the Special Committee on the problem of Intern Training has been carefully studied by Reference Committee "D".

Procurement and Assignment was given the tremendous task of "Procurement and Assignment" as a sub-division of the War Manpower Commission and in our opinion has functioned excellently, thoroughly, impartially and well, as is set forth in their report to this House of Delegates.

As will further be shown by their report, "the most difficult problem of the year has been the provision of adequate interns in our hospitals."

Their report clearly brings out the fact that the problem of intern shortage is not new in New Jersey and that it existed in peace-time but was not apparent.

From a very thorough and careful study made by the Special Committee appointed by the Chairman of the Procurement and Assignment Service of New Jersey, from names submitted by the Trustees of The Medical Society of New Jersey and the New Jersey Hospital Association and other interested parties, the fact is brought out that this shortage is in a very large measure, due to the lack of any definite specific intern training program, and the Committee further feels that this body should give careful consideration and take appropriate measures of instituting an effective program for better intern training during the post-war period. We would like to insert into the record at this point an excerpt from a letter from the American College of Surgeons to Dr. Scott, which reads in part as follows:

"Some time ago you sent me a report on 'Intern Training', which I read with special interest. * * * Your plan, as described, is excellent because it will be statewide, it will standardize internships to a practical extent and you have a committee of excellent ability and knowledge, representative of all interests. It is what we need in every state in order to keep internships on a proper level."

Reference Committee "D" concurs in this matter and we move the adoption of the entire report.

Dr. Allman moved the adoption of each section of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

REFERENCE COMMITTEE "E"

PRESIDENT HOLLINSHED: Reference Committee "E", Dr. Marcus H. Greifinger, Chairman.

Reference Committee "E" met on Wednesday, April 26th, at 2:00 p. m. and approved the following reports:

- Welfare Committee (April *Journal*, page 143)
- Public Relations Committee (April *Journal*, page 146)
- Legislation (April *Journal*, page 144, and page 8 of these Transactions)
- Medical Practice (April *Journal*, page 150)
- Public Health (April *Journal*, page 146)
- Cancer Control (April *Journal*, page 153)
- Conservation of Vision and Hearing (no report)
- Child Health (April *Journal*, page 153)
- Crippled Children (April *Journal*, page 154)
- Maternal Welfare (April *Journal*, page 154)
- Mental Hygiene (April *Journal*, page 155)
- School Health (April *Journal*, page 155)
- Traffic Accidents and Safety (April *Journal*, page 156)
- Tuberculosis and Adult Disease Control (page 7 of these Transactions)
- Venereal Disease Control (page 7 of these Transactions)
- Auxiliary Medical Services (April *Journal*, page 156)
- Contract Practice (April *Journal*, page 157)
- Distribution of Medical Care (April *Journal*, page 167)
- Hospital Relationships (April *Journal*, page 159)
- Industrial Health and Hygiene (April *Journal*, page 160)
- Medical Care of the Indigent and Low-Wage Group (April *Journal*, page 162)
- Nursing and Nursing Education (April *Journal*, page 163)
- Pharmaceutical Problems (April *Journal*, page 163)
- Workmen's Compensation (April *Journal*, page 163)
- Special Committee on Medical Care Program of Wives and Children of Enlisted Men (April *Journal*, page 143, and page 8 of these Transactions)

In the report of the *Tuberculosis and Adult Disease Control Committee* the Reference Committee took the following action on the motion unanimously adopted by the Committee on Tuberculosis and Adult Disease. The motion was:

"That the Committee on Tuberculosis and

Adult Disease Control wishes to go on record as endorsing industrial x-ray surveys for the discovery of tuberculosis, and is in favor of the plan outlined by the Board of Health, leaving the question of sponsorship, of cost, etc., to be determined by the State Society, through its appropriate committees."

The Reference Committee recommends the elimination of the words, "and is in favor of the plan outlined by the Board of Health". The Reference Committee also recommends that the State Board of Health plan be referred back to the Board of Trustees for study.

In the supplementary report of the Subcommittee on *Legislation,* as given by Dr. Pollak, it was recommended by the Reference Committee that proper recognition be given to the Osteopathic Society of New Jersey for the help in opposing the chiropractic bills.

Dr. Greifinger moved the adoption of each section of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

REFERENCE COMMITTEE "F"

PRESIDENT HOLLINSHED: Reference Committee "F", Dr. Wendell J. Burkett, Chairman.

Reference Committee "F" desires to render its report to the President and members of the House of Delegates on the reports of the Committees as outlined in the Official Program.

1. In respect to the report of the Committee on *Annual Meeting* (April *Journal,* page 144), as given by Dr. Harrold A. Murray, the Reference Committee wishes to commend the President and the Annual Meeting Committee on the return to the type of meeting that the members of the State Society are accustomed to attending. While the change in meeting place in Atlantic City is new, nevertheless, under existing war-time conditions we feel that the Claridge Hotel has proven to be an adequate convention hotel, and that the majority of the members have been pleased with the facilities as offered. The Committee desires to suggest that for the duration every attempt be made to continue a similar type of meeting, and the most interesting and scientific program as presented this year. The Committee wishes to emphasize the importance of the general session meetings in respect to the present medico-social problems and post-war planning carried out this year, especially the general session on Tuesday afternoon and Thursday morning, when so many important facts and much information was presented relative to the medical-social problems of today. While it was impossible this year to present the Scientific Exhibits and Art and Hobby Exhibits, we feel that a word of approval should be given for the sound color films, as well as a word of praise to the numerous commercial exhibitors.

2. The scientific programs, divided into seven Scientific Sections, were well attended and the papers were of the highest order, but the Committee feels that the members of the Society should be urged to give better attendance to these Sections, when speakers have been asked to present papers and give their time to make these various Sections both instructive and helpful.

3. The Report of the *Delegates to the American Medical Association* Convention in Chicago in 1943 was published in the August, 1943, *Journal,* and a very comprehensive report was made by Dr. Wells P. Eagleton. We wish to take pride and note that the American Medical Association has finally established in Washington a Legislative Bureau, which was suggested and presented by this Society by resolution to the House of Delegates of the A. M. A. at their last meeting in Chicago.

Those of us who had the privilege of hearing Dr. Judd at our General Session on Tuesday afternoon were happy to hear him comment on the establishment of this Bureau in Washington, and the liaison which should now develop in the future between members of Congress, the various bureaus, departments, the public and the medical profession.

4. The report of the program of the *Woman's Auxiliary* (April *Journal,* page 140), by Dr. William E. Dodd, reveals that the women had outlined both a comprehensive and educational program for the year 1943-44. The Auxiliary is to be highly commended on such an extensive program during this war-time period. The members of the State Society extend their heartiest congratulations and wishes for a successful completion of their efforts during this year.

Dr. Burkett moved the adoption of each section of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote and was carried.

CONSTITUTION AND BY-LAWS

PRESIDENT HOLLINSHED: Reference Committee on Constitution and By-Laws, Samuel Alexander, Chairman.

The Reference Committee on Constitution and By-Laws met on Wednesday, April 26th, and approved the proposed change in the Constitution, Article VI (page 14 of these Transactions).

The Reference Committee on Constitution and By-Laws also approved the proposed amendment to the By-Laws, Chapter I, Section 2 (a) (page 15 of these Transactions).

Dr. Alexander moved the adoption of the report.

The motion was regularly seconded, was put to a vote and was carried.

MISCELLANEOUS BUSINESS

PRESIDENT HOLLINSHED: Reference Committee on Miscellaneous Business, Dr. David W. Green, Chairman.

It is recommended that the next Annual Meeting of The Medical Society of New Jersey be held in Atlantic City, during the last week of May, 1945, providing these dates do not conflict with the Annual Meetings of the American Medical Association and the Medical Society of the State of New York.

Dr. Green moved the adoption of the report. The motion was regularly seconded, was put to a vote, and was carried.

RESOLUTIONS AND MEMORIALS

PRESIDENT HOLLINSHED: Reference Committee on Resolutions and Memorials, Samuel A. Cosgrove, Chairman.

Your Reference Committee on Resolutions and Memorials met yesterday afternoon at 4:15. There were present besides the Chairman, Dr. Haggerty, Dr. Bowers, Dr. Field, and there were added to the Committee by the Chairman, Drs. Hurff and Lewis. There were also present, among others, Dr. Nichols, Dr. Scott, Dr. MacKenzie, Dr. Mount, and Dr. Levy, who were particularly helpful with constructive suggestions.

I may say that there had been considerable discussion previously on certain matters pertinent to the work of this Reference Committee by the Special Committee appointed as Advisory Committee to the Director, Bureau of Maternal and Child Health, State Department of Health on the operation of an Emergency Maternity and Infant Care Program, which had met the day before and discussed that program very thoroughly.

At yesterday afternoon's meeting of the Section on Obstetrics and Gynecology, a resolution was passed recommending that the plan be reorganized on the basis of direct allotments to beneficiaries, instead of direct payments by the Federal Government through the state to doctors.

There was no report of the Committee on Honorary Membership before the Reference Committee.

A resolution, introduced by Dr. Hurff on behalf of the Essex County Component Society, recommending certain matters with reference to the relation of the A. M. A. to public propaganda, and so on, was discussed and it was felt that this resolution adopted by the Essex County Society some two months ago had already been largely fulfilled in its essence by the establishment of the Washington Bureau already referred to in discussion here.

DR. COSGROVE: The recommendation of the Reference Committee is that Dr. Hurff on behalf of the Essex County Society withdraw that resolution. Do you do so, sir?

DR. HURFF: Mr. President, Dr. Cosgrove has said the desires of the Essex County Medical Society have been fulfilled in the establishment of this Bureau at Washington. I desire to withdraw this motion at this time.

DR. COSGROVE: The resolution introduced by Dr. Nichols in behalf of the Monmouth County Medical Society was discussed. It provided that the last three ex-Presidents be members of the Board of Trustees, on the preamble that our State Society has present need of all the wisdom and experience of those who have recently served the Society as President.

It was felt after discussion by your Committee that the essence of this was already provided in the amendment to the Constitution already before the House of Delegates, and it was recommended by your Committee that Dr. Nichols, in behalf of his County, withdraw that resolution.

DR. NICHOLS: In view of that need having been met by the Committee on Constitution, we are happy to withdraw that resolution.

DR. COSGROVE: A resolution, introduced by Dr. Londrigan, with reference to certain reorganization of the Medical-Surgical Plan of the state, which would make it desirable for this House of Delegates by some mechanism to rescind the action taken at last year's meeting in Newark, which practically embalmed the details of that plan as that plan operated, was approved with a little simplification.

The resolution is:

Whereas, Certain County Medical Societies have not approved the Medical-Surgical Plan, and

Whereas, The Board of Trustees, through a Special Committee, has had numerous conferences with representatives of these Counties, and

Whereas, The objections of these County Societies have been met and the Medical-Surgical Plan revised accordingly, and

Whereas, These County Societies, through conflict of meeting dates, have been unable, since this revision, to hold meetings to approve this action; therefore be it

Resolved—

(and Dr. Londrigan will note the simplified and more direct form of the resolution as recommended by the Reference Committee)—

Resolved, That this House of Delegates rescind its action in reference to Section 3 of the report of Reference Committee "B" at Newark, New Jersey, May 26, 1943.

That calls for a vote of this House now to rescind its own previous action. That will, therefore, leave free to the Board of Trustees in their ordinary interim functioning to handle any further consideration of these matters in their own discretion, which was the original purport of Dr. Londrigan's resolution.

We had before us a resolution, presented in behalf of Monmouth County, by Dr. Nichols, covering the service of the profession to the servicemen after their discharge from the Army and to their dependents while they were in or out of the Army, based on a 50 per cent reduction of ordinary fees in the discretion of the physician with reference to the capacity of the servicemen's families at the time.

The entire resolution was approved by your Reference Committee, but inasmuch as this resolution did not deal at all with the attitude of this body toward the operation of maternity and infant dependents of soldiers as now covered by the E.M.I.C. Plan, it was thought best, after the other discussions which I have already alluded to, for your Reference Committee to add to this resolution, that is, to recommend additions to this resolution in order to make it cover not only the families of soldiers not eligible to benefits under E.M.I.C., which the original resolution only did cover, but to also include our attitudes toward the beneficiaries of E.M.I.C. as at present set up and operated. (Resolution printed in full on page 15.)

Dr. Cosgrove moved the approval of the whole report.

The motion was regularly seconded, was put to a vote and was carried.

DR. LEWIS: Regarding the reconsideration of the action of last year as recommended——

PRESIDENT HOLLINSHED: We will have to have unanimous consent of the House of Delegates.

Under this session we cannot introduce any new business.

We have another matter which will require suspension of the rules.

DR. LEWIS: I move we suspend the rules.

The motion was seconded by several, was put to a vote and was carried.

PRESIDENT HOLLINSHED: It is so ordered.

At this time, before we take up this matter, I would like to recognize Dr. Johnsen, of Passaic County.

DR. JOHNSEN: Mr. President, I move that the Committee on Resolutions and Memorials draw up suitable resolutions on the death of our esteemed Past President, Dr. Elias J. Marsh, and that these resolutions be incorporated in the minutes of the proceedings of our annual meeting, and that copies of the resolutions be forwarded to his wife, and to the members of his family.

The motion was regularly seconded, was put to a vote and was carried.

PRESIDENT HOLLINSHED: I should like Dr. Cosgrove to make that motion and state it clearly.

DR. COSGROVE: My understanding is—and if anything I say is inaccurate, I would be glad to have Dr. Lewis correct me—that a Reference Committee at last year's session made a report which practically froze the manner of operation of the Medical-Surgical Plan as it was then constituted and in operation.

As a matter of experience, in the interim a number of criticisms of the operation of the Plan have been voiced and some of those criticisms have been a considerable obstacle to the approval of the Plan by several of the County Societies.

The Medical-Surgical Plan took cognizance of the justness of those criticisms and made a very definitive effort to change their by-laws and their form of contract in order to meet those criticisms. It believes that those criticisms have been fully and adequately met. Those changes have been discussed and approved by all the state agencies having authority in the matter whatsoever. I believe that there was an actual change in the basic legislation covering the operation of the Plan, was there not, Dr. Scott?

DR. SCOTT: Through amendment.

DR. COSGROVE: Through amendment to the original legislation; therefore, the action of this House of Delegates at last year's meeting in freezing, so to speak, the setup and method of operation of the Plan at that time becomes anachronistic and obstructive, and I move you, sir, the reconsideration of that action.

The motion was regularly seconded, was put to a vote and was carried.

DR. COSGROVE: Now I move you, sir, that the consideration of the report of last year's Reference Committee and any modifications of that Reference Committee necessary to the proper operation of the amended powers and methods of the Medical-Surgical Plan be referred to the Board of Trustees with full discretion.

The motion was seconded.

PRESIDENT HOLLINSHED: Before this question is put, does that satisfy?

DR. LEWIS: I don't believe that quite fills the needs. I believe that the action of last year should be the rescinding, and in order that every member should have a fair understanding of what this is, I would like to ask Dr. Cosgrove to read that section of last year's report to which he is referring.

DR. COSGROVE: I don't know whether it is available.

This is a summary of the action taken on the report of Reference Committee "B" last year:

"1. That no organic change be made in the Plan as it is now constituted.

"2. That in the interests of majority rule and fair sportsmanship, all Counties in the State be requested to subscribe to the Plan for a period of a year in order that experience may be obtained and adjustments be made as experience will warrant.

"3. That the decision of the Counties to support or oppose this Plan be left wholly in their jurisdiction, and that no attempts be

made to get these Counties to subscribe to the Plan unless it is on their voluntary request for additional information.

"4. That in its initial year of trial, a limit of approximately 100,000 subscribers be secured. This, we think, will be a fair cross-section upon which to base our future judgments for change and adjustment, if necessary."

The objections to the Medical-Surgical Plan at this time with reference to the very great strides that they have made in meeting criticisms are:

No. 1, that no organic change be made in the Plan as it was constituted a year ago; and

No. 3, that there should be no proselyting of County Societies for support.

I move that Paragraphs 1 and 3, of the 1943 Reference Committee "B", be rescinded, and, if that is seconded——

Dr. Morris: I second it.

Dr. Cosgrove: ——I would like to have Dr. Lewis talk to it.

Dr. Lewis: Mr. President and Members of the House: No. 1 means that we have no authority at the present time to change our contract or to make use of this change or modification of the original act. We want permission from the House to make these changes which are all ready to be put in effect.

No. 3 to us is not a matter of proselyting. The Board promised a year ago that it would not do any proselyting. The question is now a matter of the State Medical Society and its support of this corporation. We conceive it our job to do the best that we can to make this function the way the members of the Society want it to function, but as I read Section 3, I take it that having made these changes, we are prevented even from communicating with those Counties that have not coöperated as to those changes which we have effected in the hope that they will be approved, and I can assure you that the Board will not individually or collectively make any approach to the members of this Society. We are through with that. We are carrying out the orders of The Medical Society of New Jersey in the administration of the Medical-Surgical Plan, and that is our entire scope, and we will exert no pressure on anybody through our Board or any members of our Board, but we do want to be in a position to communicate without breaking the ruling of the House, to those Counties which have found fault and certain objections and defects which we have improved, that changes have been made to correct the situation, and ask them for a reconsideration.

The motion was put to a vote and was carried.

President Hollinshed: It is so ordered.

Now will someone make a motion that we go back to the regular order of business?

Dr. Costello: I so move.

Dr. Morris: Seconded.

The motion was put to a vote and was carried.

President Hollinshed: Will the gentlemen from Hudson County please present the newly elected President of The Medical Society of New Jersey?

(President-Elect Londrigan was escorted to the platform by the Delegates from Hudson County.)

The members of the House rose and applauded.

President Hollinshed: Before this meeting is adjourned, I want to present to you the new President of The Medical Society of New Jersey. Dr. Londrigan has been active in State Society work for a long number of years, and I am sure that without his help during this past year the work accomplished by the present administration would have been a very dismal failure. Dr. Londrigan has been right on the job. He has been energetic, he has been willing. He has been my emissary at meetings, he has been Chairman of committees, and he has really done a very, very splendid job. There are not many of us, if any, who have been more active during this past year than Dr. Londrigan, and it gives me great pleasure to present him to you at this time.

President-Elect Londrigan: Thank you, Mr. President, and Members of the House of Delegates. I want to express my appreciation and thanks for the high honor you have bestowed upon me and in accepting it I am not unmindful of the responsibilities that ensue and go with it. If my administration is half as successful as my predecessor's, I shall be thankful; however, it will be successful only to the extent that I will receive the support of the members individually throughout the state. I know I have the support of the Officers and the Board of Trustees. The Committees in the past have done excellent work. I expect that they will do not alone that much work but in the trying times in which we are living, we may have to do a little more work and perhaps I will ask more sacrifices from these members during the coming year.

President Hollinshed: I declare the One Hundred and Seventy-eighth Annual Session of The Medical Society of New Jersey closed.

The meeting adjourned at two-fifty o'clock.

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

I. PRE-CONVENTION BOARD MEETING

CLARA C. RENNER, M.D., Recording Secretary Pro-tem, Blawenburg, N. J.

The pre-convention Board meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held in the Solarium, Hotel Claridge, Atlantic City, New Jersey, April 25th, 1944, at 1:15 p. m., at the call of the President, Mrs. Asher Yaguda, who expressed her appreciation for coöperation given her throughout the year.

The minutes of the March meeting were read, and with a minor correction were approved.

Dr. William E. Dodd, Chairman of the Advisory Committee to the Auxiliary, was presented by the President and greeted the members present.

The Treasurer's report was read by Mrs. McConaghy, Treasurer, reporting $390.77 in the General Fund; $292.05 in the Emergency Fund, making a total of $682.82. There is also a $100 war bond. Twenty dollars current dues were paid to the National.

The Corresponding Secretary Pro-tem, Mrs. McGlade, read the following communications:

1. A letter from Mrs. Yaguda to Mrs. W. Johnson Hallock, President of the Union County Auxiliary, in reply to her letter of resignation.

2. A letter from Dr. Londrigan, President-Elect of The Medical Society of New Jersey, assuring the Auxiliary of his interest and assistance.

3. A letter of appreciation from Dr. Carrington in response to a letter of condolence on death of Mrs. Carrington.

The Second Vice-President, Mrs. Chester I. Ulmer, presided during the reading of the President's report; said report was accepted with thanks and placed on file.

Roll Call — The following members responded to roll call: Mrs. Asher Yaguda, President; Mrs. David B. Allman, Mrs. Chester I. Ulmer, Mrs. T. P. McConaghy, Mrs. William E. Dodd, Mrs. Don A. Epler, Past-President; Mrs. G. E. McDonnel, Past-President; Mrs. J. H. Hornberger, Past-President; Mrs. Richard J. McDonald, Past-President; Mrs. A. E. Jaffin, Mrs. Ily R. Beir, Mrs. Harry V. Hubbard, Past-President; Mrs. G. Ruffin Stamps, Mrs. Lester R. Wilson.

Mrs. Yaguda, with a most gracious introduction, presented Mrs. Carey, President of the National Auxiliary.

Reports of Committee Chairmen on activities from March 13th to the present:

It was moved by Mrs. Hornberger, seconded by Mrs. G. E. McDonnel, that these reports be accepted as a whole on completion of reading.

1. Arrangements—Mrs. Jaffin
2. Arts, Hobby and Medical History—Mrs. Beir
3. Finance—Mrs. Ulmer
4. Historian—Mrs. Dodd
5. Co-Historian—Mrs. Hubbard, who reported that she had coöperated with Mrs. Dodd
6. Nominating—Mrs. Hornberger reported a complete slate as follows:
   President-Elect, Mrs. William E. Dodd
   First Vice-President, Mrs. J. J. McGuire
   Second Vice-President, Mrs. Robert Walker
   Recording Secretary, Mrs. Banks Baker
   Directors: Mrs. Frank Bien, Mrs. A. C. Ruoff
7. Organization—Mrs. Don A. Epler reported the organization of Union County
8. Entertainment—Mrs. Mason
9. Press and Publicity—read by Recording Secretary
10. Printing—read by Recording Secretary
11. Program—Mrs. Richard J. McDonald
12. Registration of Nurses—Mrs. G. E. McDonnel, who reported that Miss Hughes had informed her there is a place on the State Nursing Council of War Services Board for the President of this Auxiliary.

The motion that these reports be accepted was carried.

REPORTS OF COUNTY PRESIDENTS

It was moved, seconded and carried that these reports be accepted as a whole.

1. Atlantic—Mrs. Stamps
2. Burlington—Mrs. Bray
3. Camden—Mrs. Wilson
4. Essex—read by Corresponding Secretary
5. Gloucester—read by Corresponding Secretary
6. Hudson—read by Corresponding Secretary
7. Ocean—an oral report was given by Mrs. Dodd —a writen report will be forwarded.
8. Union—Mrs. Hubbard reported 12 paid-up members and 35 promised.
9. Warren—Mrs. Shimer

New Business

The President appointed Mrs. G. E. McDonnel and Mrs. David B. Allman to audit the books and report at the general session.

Mrs. Epler moved that the following recommendation presented by the organization chairman be accepted:

> That regional conferences be held, one in the north and one in the south, during the summer preceding the business year, and that the State Chairmen of committees affecting policy and program be present.

Discussed by Mrs. Stamps, Mrs. Epler, Mrs. McDonald, Mrs. Dodd and Mrs. Atkinson.

It was moved, seconded and carried that this be brought before the general assembly on Wednesday.

Mrs. Hubbard requested information on how names of deceased Fellowettes are omitted from the Convention Program. She was advised that inquiries will be made.

Mrs. McDonald moved that the duties of the State Program Chairman be clarified. Mrs. Epler seconded this motion, which was carried.

Mrs. G. E. McDonnel moved that the duties be to compile and edit the Year Book and provide the program for the Board meetings. This was carried. This motion was referred to the Revisions Committee to be brought before the General Session on Wednesday.

There being no further business the President adjourned the meeting at 2:45 p. m.

II. THE SEVENTEENTH ANNUAL MEETING

Mrs. Arthur J. Casselman, Secretary Pro-tem, Camden, N. J.

The Seventeenth Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey at the Claridge Hotel, Wednesday, April 26th, 1944, was called to order by the President, Mrs. Asher Yaguda, at 9:30 a. m.

The invocation was given by the Rev. Arthur J. Blythe of St. James Episcopal Church of Atlantic City.

Mrs. James Mason, Convention Chairman, presented the program, and moved the adoption of the Convention Program as printed. Motion was seconded and carried.

Mrs. Merendino gave the initial report of the Credentials Committee.

The address of welcome to the Convention was given by Mrs. G. Ruffin Stamps, President of the Auxiliary of the hostess county. The response to the welcome was given by Mrs. David B. Allman, President-Elect of the State Auxiliary.

The President called for the reading of the rules and procedure governing the Convention, by Mrs. Andrew C. Ruoff, Parliamentarian. Mrs. Ruoff moved the adoption of the rules and procedure; seconded by Mrs. R. J. McDonald and carried.

The minutes of the previous Annual Meeting had been printed in the August issue of *The Journal* of The Medical Society of New Jersey, and were distributed. It was moved, seconded and carried that the reading of the minutes be omitted.

The Treasurer, Mrs. Thomas P. McConaghy, read the Annual Statement, showing a balance of $641.22 in the treasury, and the ownership of one U. S. War Bond, Series F, of $100 denomination. The Auditing Committee, Mrs. G. E. McDonnel, Chairman, reported that the books of the Treasurer had been audited and found correct. Mrs. H. Roy Van Ness moved the acceptance of the Treasurer's Report and attestations of the Auditing Committee; seconded by Mrs. Ily R. Beir and carried.

The memorial service honoring our deceased members was conducted by Mrs. H. Roy Van Ness. The following members had passed away: Mrs. William J. Carrington, Mrs. Milton Ireland and Mrs. Thomas McCarter from Atlantic County; Mrs. Clement Morris, Mrs. Charles Morrow, Mrs. Peter Motzenbecker and Mrs. Benjamin Silverstein from Essex County; Mrs. L. Samuel Sica from Mercer County; and Mrs. Norman N. Forney from Middlesex County.

The Corresponding Secretary, Mrs. McGlade, read the correspondence, and a letter from one of our Past-Presidents, Mrs. O. R. Carlander, to the Fellowettes was included.

Mrs. Chester I. Ulmer, Vice-President, took the chair while the President read a statistical report of her year's work in office. It was moved by Mrs. R. J. McDonald, seconded by Mrs. Beir, and carried, that the report be accepted with thanks.

The President called for the Annual Reports of the Officers. It was moved by Mrs. J. H. Hornberger, seconded by Mrs. T. P. McConaghy, and carried that the reports of the Officers be accepted as a whole at the completion of the reading of these reports.

The following Officers' reports were given:

President-Elect, Mrs. David B. Allman
First Vice-President, Mrs. J. J. McGuire—read by Corresponding Secretary
Recording Secretary, Mrs. A. J. Casselman (Secretary Pro-tem)
Corresponding Secretary, Mrs. Samuel Hausman —read by Mrs. McGlade

The President called for the reports of the Chairmen of the Standing Committees. It was moved by Mrs. H. R. Van Ness, seconded and carried, that the reports of the Standing Committees be accepted as a whole upon the completion of the reading of these reports.

Arrangements, Mrs. A. E. Jaffin
Archives (no report at this time, but submitted later)
Art, Hobby and Medical History, Mrs. Ily R. Beir
Bulletin, Mrs. Ralph Buchanan—read by Secretary
Credentials, Mrs. A. G. Merendino—read by Corresponding Secretary
Finance, Mrs. Chester I. Ulmer
Historian, Mrs. William E. Dodd
Co-chairman, Mrs. H. V. Hubbard
Hygeia, Mrs. F. G. Wandall—read by Corresponding Secretary
Legislation, Mrs. Samuel Alexander—read by Corresponding Secretary
Organization, Mrs. Don Epler
Parliamentarian, Mrs. Andrew C. Ruoff
Press and Publicity, Mrs. Lodovico Mancusi-Ungaro—read by Corresponding Secretary
Printing, Mrs. J. J. McGuire—read by Corresponding Secretary
Program, Mrs. R. J. McDonald
Resolutions, Mrs. R. J. Faulkingham
Revisions, Mrs. G. E. McDonnel
War Participation, Mrs. Bernard Kaplan—read by Corresponding Secretary
Reading Committee, Mrs. H. Roy Van Ness

The President called for the reports of the County Presidents. It was moved by Mrs. Ulmer, seconded by Mrs. Beir and carried that the reports of the County Presidents be accepted as a whole at the completion of the reading of these reports.

Atlantic—Mrs. G. R. Stamps
Bergen—Read by Secretary
Burlington—Mrs. William E. Bray
Camden—Mrs. L. R. Wilson
Essex—Mrs. Harry N. Comando
Gloucester—Mrs. A. Guy Campo
Hudson—Read by Corresponding Secretary
Mercer—Read by Mrs. D. L. Haggerty
Middlesex—Mrs. Robert Walker
Monmouth—Read by Corresponding Secretary
Ocean—Mrs. William E. Dodd
Passaic—Read by Mrs. Hollingsworth
Somerset—No report—inactive
Union—Mrs. Harry Hubbard
Warren—Mrs. F. E. Shimer

The President introduced Mrs. A. Haines Lippincott, State Commander of the Women's Field Army of the American Society for the Control of Cancer, who outlined briefly the work and aims of the Army, and asked for volunteers to help in securing enlistments and contributions to help carry on this work.

The President read her message, which contained certain recommendations. (See page 30.)

The President called for the intermediate report of the Credentials Chairman, who stated that at that time there were 116 Officers, Delegates, Alternates and guests present.

New Business

The President called for the election of the Nominating Committee. The parliamentarian read the section in the By-Laws pertaining to the Chairman of the Nominating Committee: "The retiring President of the Auxiliary shall be the Chairman of the Nominating Committee." The following names were presented from the floor:

Mrs. William E. Bray—Burlington County
Mrs. Chester I. Ulmer—Gloucester County
Mrs. George Knauer—Union County
Mrs. H. Roy Van Ness—Essex County

Mrs. McDonnel moved that the above be elected to the Nominating Committee; seconded by Mrs. Beir and carried.

Mrs. Chester I. Ulmer, Finance Chairman, made the following recommendations and moved their acceptance:

1. That we purchase another War Bond, Series F—$100 denomination.

2. That the Board meetings of the Auxiliary be held in Trenton at the State Society Offices, and that we accept the hospitality of the State Society.

3. That the railroad fare, including lower berth, plus $8.00 per day hotel bill, be paid to the President and President-Elect to attend the A. M. A. Convention in Chicago.

The motion was seconded and carried.

The following recommendations were presented by the Executive Board:

1. That a regional conference be held in North Jersey and in South Jersey, and that the State Chairmen of Committees, affecting policy and program, be present.

It was moved, seconded and carried that this recommendation be accepted.

2. That the duties of the Program Chairman be clarified.

It was moved, seconded and carried that the recommendation be accepted, and that it be referred to the Revisions Committee.

3. That the privilege of conducting the memorial service be given to the Fellowettes, the person to be chosen by the Fellowettes.

It was moved, seconded and carried that the above recommendation be accepted. This recommendation was offered by the President.

The President also included in her previous message the following recommendation: That we suggest to the National that the lowest possible subscription price to the National Bulletin be added to the National dues, and that each member receive her copy quarterly. It was moved and seconded that the recommendation be accepted, and after brief discussion and vote the motion was lost.

The session was adjourned for luncheon.

Mrs. James Mason was toastmistress at the luncheon and introduced our President, who welcomed the guests and expressed her appreciation of the honor extended to her. Greetings were extended by Dr. Ralph K. Hollinshed, President of The Medical Society of New Jersey, and Dr. James E. Paullin, Presiednt of the American Medical Association.

Mrs. Eben Carey, President of the National Woman's Auxiliary, addressed the members on the aims and purposes of the Woman's Auxiliary, and complimented the New Jersey Auxiliary on their accomplishments. The President's pin was presented to Mrs. Asher Yaguda by our revered first President, Mrs. A. Haines Lippincott.

The following Past State Presidents were present: Mrs. A. H. Lippincott, Mrs. John Nevin, Mrs. H. Roy Van Ness, Mrs. Arthur J. Casselman, Mrs. Harry Hubbard, Mrs. Samuel Salasin, Mrs. Don A. Epler, Mrs. Gerald McDonnel, Mrs. Richard McDonald and Mrs. J. Howard Hornberger.

The business session reconvened at 3:25 p. m.

The President called for a report of the Nominating Committee, Mrs. J. Howard Hornberger, Chairman. The following Officers were nominated:

Mrs. William E. Dodd, President-Elect
Mrs. James J. McGuire, First Vice-President
Mrs. Robert Walker, Second Vice-President
Mrs. Banks S. Baker, Recording Secretary
Mrs. Thomas P. McConaghy, Treasurer
Mrs. Frank Bien, Director
Mrs. Andrew C. Ruoff, Director

It was moved by Mrs. McDonald, seconded by Mrs. Epler, and carried that the nominations be closed and the Secretary cast a ballot declaring the Officers elected.

The following resolution was offered by the Resolutions Chairman. The resolution was adopted and ordered spread on the minutes.

Resolved, That the Woman's Auxiliary to The Medical Society of New Jersey extend its profound thanks to Mrs. James H. Mason, General Chairman of the Convention, and her committees, for the careful handling of every detail for the comfort and happiness of the Officers, Delegates, Members and visitors to this Convention.

That the Corresponding Secretary be instructed to express appreciation to the hostess county, Atlantic, for the many courtesies extended during the convention.

That the Corresponding Secretary acknowledge to the press of Atlantic City, and to the Newark Evening News, indebtedness for the accurate and liberal reporting of all procedures.

That the Corresponding Secretary be further instructed to express grateful appreciation to Mr. Gerald Trimble, Manager of the Claridge Hotel, for the many courtesies extended during the Convention.

That the Corresponding Secretary be further instructed to extend to Mrs. Edith L. Madden, Acting Executive Officer of The Medical Society of New Jersey, and her staff, appreciation of their untiring efforts and coöperation on behalf of the Woman's Auxiliary.

That the Corresponding Secretary acknowledge to the Officers, Chairmen of the State Committees and County Presidents the appreciation of this Convention for their reports, which have been so complete and indicative of results.

The final report of the Credentials Committee was given by Mrs. Merendino, and showed a grand total of 154 registered. Mrs. G. R. Stamps moved the report be accepted, seconded by Mrs. Beir and carried.

It was moved, seconded and carried that the minutes of the meeting be referred to the Executive Board for approval before being printed.

Mrs. Ulmer moved that the recommendation referring to the expenses of the President and President-Elect to attend the A. M. A. Convention be rescinded. Motion was seconded by Mrs. Hornberger and carried.

Mrs. Ulmer then moved that a flat sum of $100 each be given to the President and President-Elect for A. M. A. expenses. Motion was seconded and carried.

Mrs. Lippincott announced that the Woman's Field Army of the American Society for the Control of Cancer was holding an exhibit

at the Bamberger store in Newark, and invited members to attend.

Mrs. Asher Yaguda installed the Officers for 1944-45, and presented the gavel to Mrs. David B. Allman, the new President. Mrs. Allman accepted and read her message (page 257, June *Journal*).

The National President of the Woman's Auxiliary to the A. M. A., Mrs. Eben Carey, was presented and made a few remarks, thanking us for the hospitality extended to her, and again congratulating us upon our work.

The President then declared the Seventeenth Annual Convention of the Woman's Auxiliary to The Medical Society of New Jersey adjourned.

III. STATISTICAL REPORT OF THE PRESIDENT

MRS. ASHER YAGUDA, Newark and Marlboro, N. J.

Your President has presided at four regular meetings of the Executive Board.

Three hundred letters and 150 cards have been written.

Two trips to Chicago, previously reported, were made to attend meetings of the Woman's Auxiliary to the American Medical Association.

While in Chicago in November, 1943, your President had a conference with the promotion manager of Hygeia magazine, regarding that work in New Jersey.

Seven visits have been made to County Auxiliaries.

Two trips were made to Trenton, one to attend, by invitation, the Welfare Meeting of the Society and one for the purpose of discussing a public relations project with the Director of the New Jersey State Board of Health.

Sixteen state committee meetings were planned and attended.

Eight articles entitled "President's Message" have been written for *The Journal*.

Three reports have been written for the Woman's Auxiliary to the American Medical Association.

A summary of the work on Hygeia has been written and submitted to the Trustees, by request.

A petition was formulated and presented to the President of the Medical Society enlisting the interest of the members in the activities of the Auxiliary.

A "Message from the President" has been written and will be presented later in the program.

Two special committees have been appointed, and discharged, on completion of their duties.

The statistics presented in this report have been made possible by the coöperation and united effort of the Officers, State Chairmen and County Presidents.

IV. MESSAGE FROM THE PRESIDENT

MRS. ASHER YAGUDA, Newark and Marlboro, N. J.

One of the truest of the old axioms is this: "You do not know people until you have lived with them."

Having lived with you for the past year, I am lost in admiration of your personal charm, your well-informed minds, your diplomacy and tact and your very astute business ability. These qualities you all have, and in such measure that your potentialities as a group are tremendous.

We have this organization—here we meet on a common ground with opportunity to strengthen our forces through unity. Two weakening forces are apparent—one an individual tendency to wander off on separate fulfillment of personal ambitions. Our contacts and memberships in other organizations are the best investments that we have; still, if we sacrifice the Auxiliary for work in other societies as individuals we dissipate those investments.

The second weakening force is a lack of adherence to the planned policies of the State Board. However, much can be said for the Counties which do not follow in unison the programs suggested by the State. A corrective measure would be to plan these programs early in the year around a conference table, with County Officers participating, rather than have the programs set up by a small committee. Given a choice of plans early in the year, each well-informed County group could then embrace those which are feasible for their own County, and add the activities usual to their local group. In the interest of promoting singleness of purpose and unity of endeavor, I heartily endorse the plan of regional conferences to be presented later this afternoon.

If we succeed in welding a solid unit of our state organization, a natural course of events will be the adoption of policies suggested by our National organization. No one will dispute the importance of presenting a unified front to the public at this time and only by participation in the plans of the Auxiliary to the American Medical Association can we become an integral part of the whole.

A survey of County activity on the National Bulletin shows a dropping off of subscription sales to that magazine in the State. It is my sincere belief that this official publication of our parent organization is of such importance as a handbook and guide that it should be compulsory with all members. Since our State survey proves that, despite arduous work of the Bulletin Committee, this subscription number falls off each year, I recommend that we suggest to the Auxiliary to the A. M. A. that the lowest possible Bulletin subscription price be added to the dues, and that each member receive her copy quarterly. The Journal of the A. M. A. is circulated on this principle.

Our survey also shows that legislative meetings have been held in one hundred per cent of our organized counties, including our newest baby county, only five days old. Fifty per cent of the County Auxiliaries report that members have spoken on the Wagner-Murray-Dingell Bill before lay organizations. Only twenty per cent report that legislative study groups have been set up for the members. Admitting that we cannot all be public speakers, still the most important work against this bill will be done "over the back fence" so to speak; it therefore seems imperative that all Auxiliary groups set up study sections on legislation.

Let us consider Public Relations work in your own County. This is the natural forte of the Auxiliary. This is where we may serve our greatest purpose to the Medical Societies. As a link in furthering the aims of the profession between physician and lay public the doctor's wife is in the best possible position.

This year your County Society has probably been forced to curtail the activities of this committee. Your Auxiliary can step into the breach. You say that Public Relations is not directly connected with the war effort—that people look to you for war work—MAKE it war work and make it also help your Medical Society. Consider as Public Relations the real need which exists today for health education. This can be carried on in small counties as well as large. Proportionately, the same good is accomplished.

I cannot leave the Presidency before I salute the Fellowettes, our Past Presidents. This small group is the veritable backbone of our organization. As individuals, their accomplishments are manifold and in advisory capacity to the Auxiliary they are invaluable. May I suggest that the right of conducting our annual memorial service be given to the Fellowettes as an honorary privilege? They have the knowledge and sympathetic understanding so essential to this ceremony.

This brings to a close a year filled with memories that can never be forgotten. Paramount is my gratitude for the unison and support of all members of the Executive Board, without which no progress would have been made.

As I lay aside the responsibilities of the Office of President, I do so with an ever-increasing belief in the work of the Auxiliary and a fond hope that it will continue to grow.

I am grateful that I have had the opportunity to serve as your President, and pledge to my successor my hearty coöperation.

V. POST-CONVENTION BOARD MEETING

Mrs. Frank A. Bien, Secretary Pro-tem, Irvington, N. J.

The Post-Convention Board meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held at the Hotel Claridge, Atlantic City on April 27th, 1944, at 10:30 a. m.

The minutes of the April 25th, 1944, Board meeting were read.

Treasurer's Report—Mrs. McConaghy read her statement which was accepted and filed.

The Corresponding Secretary read communications.

Roll Call—Mrs. David B. Allman, Mrs. G. E. McDonnel, Mrs. R. J. McDonald, Mrs. J. H. Hornberger, Mrs. Asher Yaguda, Mrs. William E. Dodd, Mrs. T. P. McConaghy, Mrs. D. C. Reyner, Mrs. James H. Mason, Mrs. A. C. Ruoff, Mrs. F. A. Bien, Mrs. Ily R. Beir, Mrs. R. J. Cottone, Mrs. C. I. Ulmer, Mrs. D. A. Epler, Mrs. H. S. Murphy.

Mrs. Allman introduced Mrs. William E. Dodd, President-Elect.

Committee Chairmen were called upon to express their views and plans. Mrs. Ulmer made a suggestion regarding expense reports and turned in a written report. Mrs. Hornberger talked on continued effort in organization and asked for coöperation in the direction of further organization in Bergen and Hunterdon Counties. Mrs. Yaguda spoke on Morris County and Mrs. Allman on Cape May County. Mrs. Allman complimented Mrs. Mancusi-Ungaro on her work in publicity. Mrs. McDonald discussed the clarification of the work of the Program Chairman, and suggested that for the time being the National be followed. Mrs. McDonnel read the section on "Program" from the Handbook.

Mrs. Epler moved that each Officer and Chairman obtain a recent edition of the Handbook,—it is sold at cost. Motion was seconded by Mrs. McDonnel and carried.

Mrs. G. E. McDonnel reported on War

Participation. Mrs. Yaguda and Mrs. Epler entered the discussion regarding compiling records.

Mrs. Cottone gave the Credentials Report.

Regional Conferences — The original plan will be carried out in a round-table discussion. The Advisory Board will assume the responsibility of instructing the new Chairmen. Former Committee Chairmen will be invited to attend.

Mrs. Hornberger moved that in the Revision the duties of Committee Chairmen be made clear. Motion was seconded by Mrs. Ulmer and carried.

Mrs. Ulmer moved that parliamentary procedures for the Convention be revised and mimeographed copies be made for future use. Motion was seconded by Mrs. Hornberger and carried.

Mrs. Ulmer moved that all convention bills be paid. Motion was seconded by Mrs. G. E. McDonnel and carried.

Mrs. Allman requested that all Committee Chairmen and County Presidents have their material in by September 1st.

The meeting was adjourned at 11:30 a. m.

VI. TREASURER'S REPORT

MRS. THOMAS P. MCCONAGHY, Treasurer, Camden, N. J.

		Emergency	*General*	*Total*
May 26, 1943, Balance on hand		$243.06	$532.00	$ 775.06
RECEIPTS				
Sale 200 billheads	$ 1.00			
Dues	489.95			
Somerset cash to close their account	4.20			
	$495.15	48.99	446.16	495.15
		$292.05	$978.16	$1,270.21
DISBURSEMENTS				
Expenses to National (Mrs. Yaguda)	$ 83.45			
Expenses to National (Mrs. Hornberger)	83.80			
1—$100 F War Bond	74.00			
Printing (Mrs. McGuire)	27.60			
Arrangements Committee (Mrs. Jaffin)	10.00			
Treasury Bond	5.00			
National Dues	205.00			
Arts, Hobby & Medical History (Mrs. Beir)	3.66			
Finance (Mrs. Ulmer)	2.23			
Treasurer	4.00			
President's Expenses (Mrs. Yaguda)	85.65			
President's Pin	29.58			
Nominating Committee (Mrs. Hornberger)	4.50			
Press & Publicity (Mrs. Mancusi-Ungaro)	7.52			
New Jersey Health & Sanitary dues	3.00		628.99	628.99
Balance on hand April 26, 1944		$292.05	$349.17	$ 641.22

Investment on hand—1 $100 F War Bond

VII. ATTENDANCE

Following are the registration figures for the 1944 Annual Meeting:

Advisory Board	5	Delegates	29
Directors	3	Alternates	13
State Officers	4	Members	54
State Chairmen of Committees	2 (11)*	Guests	28
Past Presidents	8		
County Presidents	7 (9)*	Total	154
Honorary Members	1		

* Included in Officer and Delegate count.

THE N.Y. ACADEMY OF MEDICINE
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THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, No. 9 SEPTEMBER, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

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THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

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ANDREW F. McBRIDE (1946) .....Paterson

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ANDREW F. McBRIDE (1945) .....Paterson
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In this great work now under way and rapidly gathering momentum, the General Electric X-Ray Corporation has enjoyed the privilege of assisting many organizations in planning and equipping for mass x-ray surveys in both large and small population areas, in hospitals, and in industries.

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EPINEPHRINE HYDROCHLORIDE may be administered by hypodermic, inhalation or topical application, affording rapid relief of asthmatic symptoms, urticaria, angioneurotic edema, reactions following injections of biologicals, shock or collapse, and prompt control of certain types of hemorrhage. When used in conjunction with topical, nerve block or infiltration anesthesias, it produces a bloodless operative field and retards absorption of the anesthetic—thus prolonging the period of anesthesia. Literature on Request.

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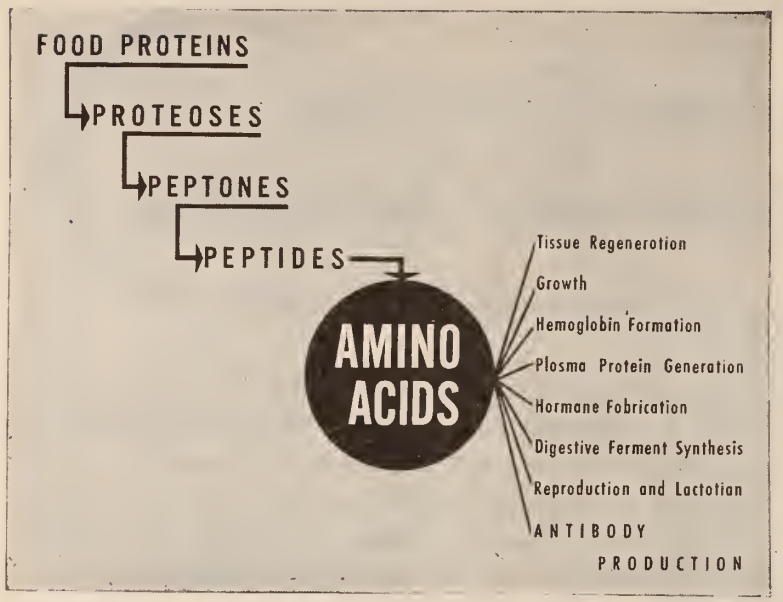
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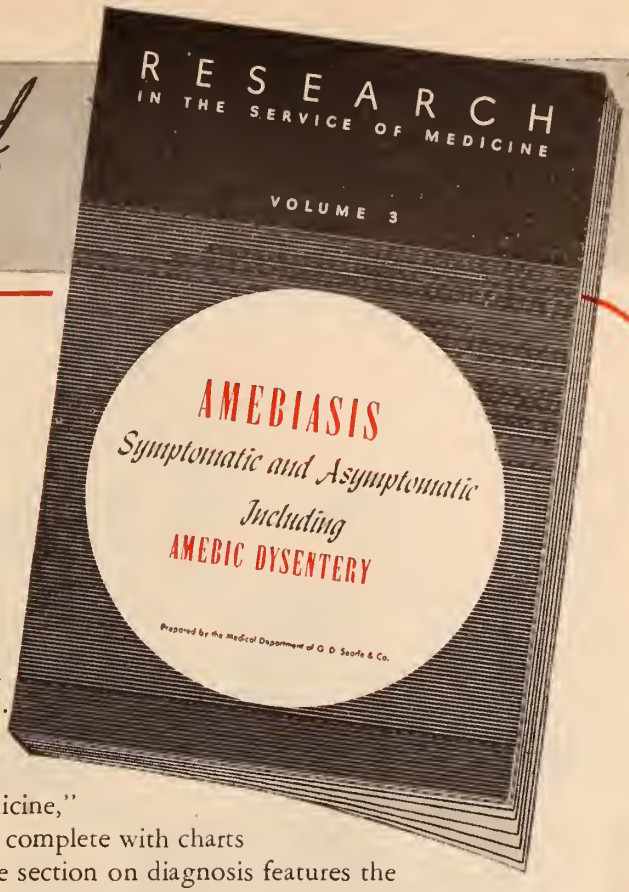
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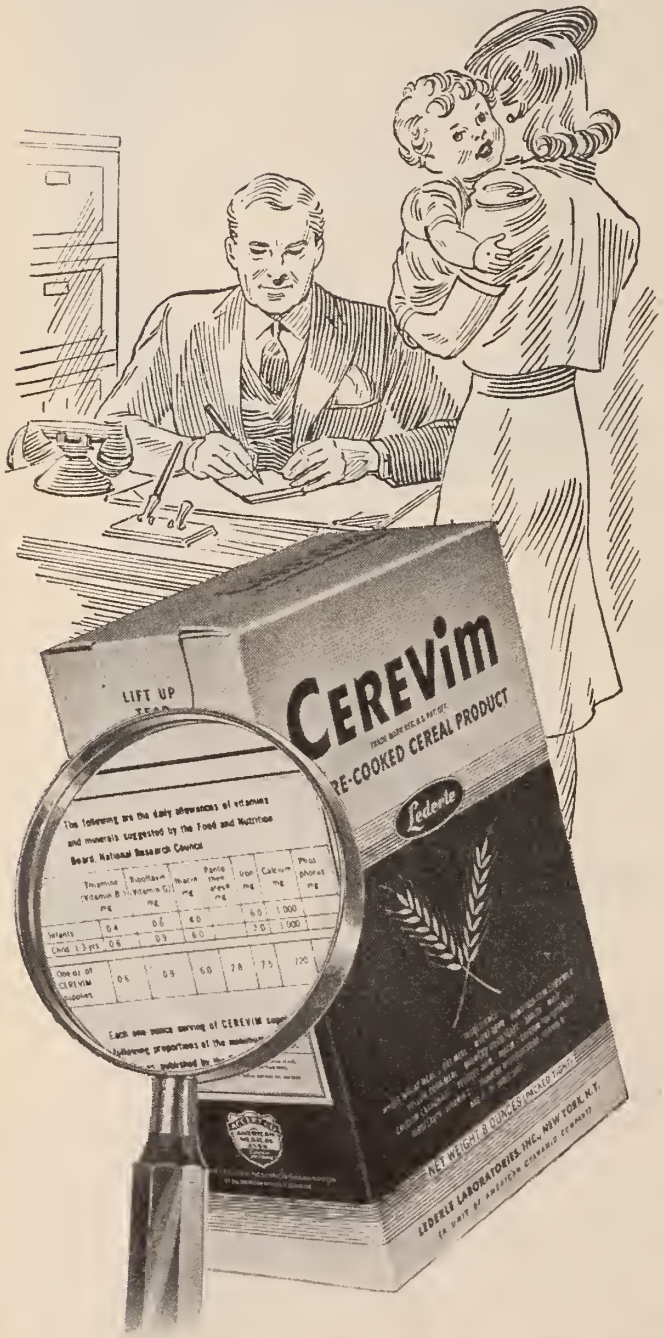
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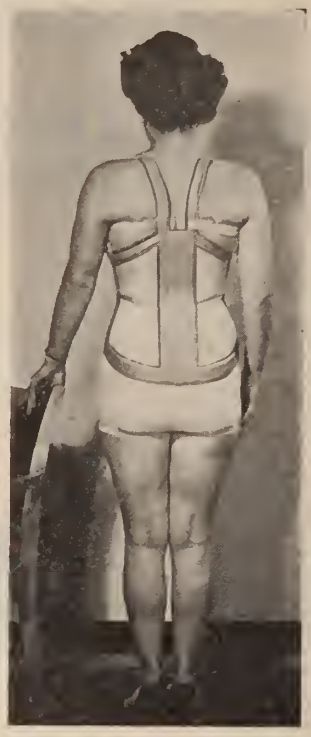
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Biolac is prepared from whole milk, skim milk, lactose, vitamin B, concentrate of vitamins A and D from cod liver oil, and ferric citrate. Evaporated, homogenized, sterilized. Vitamin C supplementation only is necessary. For detailed information, write Borden's Prescription Products, 350 Madison Avenue, New York 17, N.Y.

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Comparative effects of commonly used nitrites on systolic blood pressure in normal individuals. The action of Erythrol Tetranitrate Merck begins in 15 minutes and persists for three to four hours.



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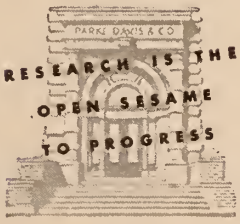
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Vials of 10 cc. 80 units in 1 cc.

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	Available carbohydrate	99%	115 calories per ounce	

6 level packed tablespoonfuls equal 1 ounce

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WATSON, E. R.: SYMPOSIUM ON NUTRITION,
J. MED. ASSN. GEORGIA, 32:326 (Oct.) 1943



The above truism applies with particular emphasis to the early recognition and treatment of vitamin deficiency conditions.

Therefore, cooperating fully with the clinician, White Laboratories steadfastly continues to promote White's Prescription Vitamins solely to the medical profession.

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Acidophilus

(For information on clinical tests with Walker-Gordon Acidophilus, write to Walker-Gordon Laboratories, Inc., Plainsboro, New Jersey.)

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Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245.
**Laryngoscope, 1935, XLV, No. 2, 149-154.*

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TWO



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Therefore, men of the medical profession, urge parents to take your advice and have their child's eyes examined immediately.

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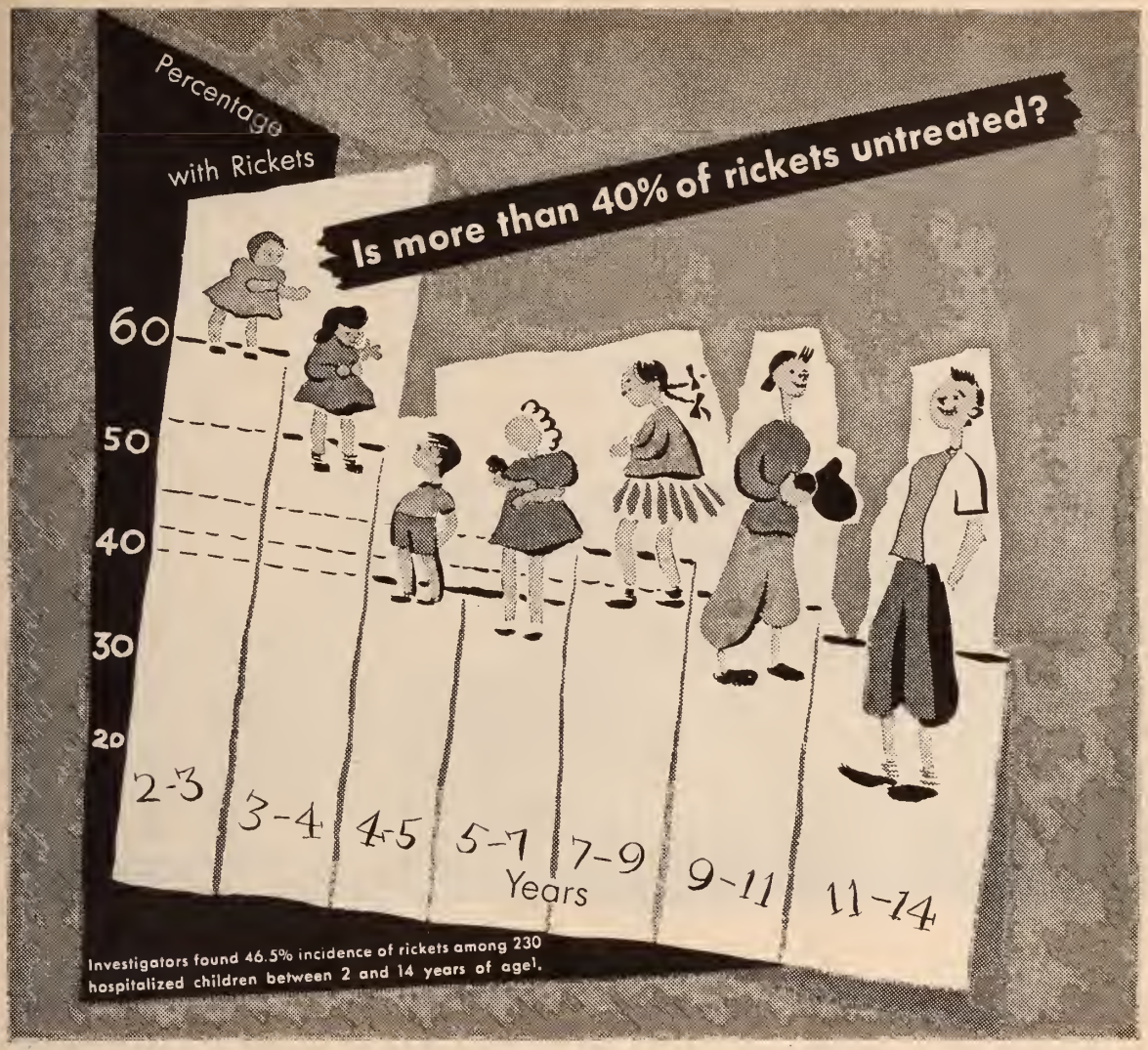
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It used to be thought that rickets is prevalent only in the first two years of life. This was when the raentgenolagical and clinical manifestations were accepted as the criteria for diagnosis. Recent studies suggest that perhaps as the result of this impression, as much as 40% af rickets has gone untreated.[1]

Microscapic examination of the long bones of children between the ages of 2 and 14 who died from various causes showed a startlingly high percentage of cases of rickets in older children. The highest incidence was found during the third year (57%). This suggests the need of continuing vitamin D supplementation beyond infancy. Evidently, as long as growth persists, and at least thraugh the fourteenth year, administration of vitamin D shauld be made routine; because even in children who appear healthy, histalagic bane studies show that disturbances in calcium-phosphate metabolism are fairly common.

Whether the vitamin supplements prescribed are for infants ar far alder children, Upjohn preparations may be given rautinely with the assurance af dependable potency in pleasant, easy-ta-take dosage forms.

1. Follis, R. H.; Jackson, D.; Eliot, M. M., and Park, E. A.: Am. Jrl. Dis. Child. 66:1 (July) 1943. Note: A reprint of this paper is being mailed to all physicians. Additional copies are available upon request.

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THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY SINCE SEPTEMBER, 1904

Whole Number of Issues, 481

UNDER THE
DIRECTION OF THE
COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., Chairman

HENRY A. DAVIDSON, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.

Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. 41, NO. 9 SEPTEMBER, 1944 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

EDITORIALS

SOLVING OUR OWN PROBLEMS

In our country there are many population groups: economic groups, social groups, political groups and community groups, each with its own specific objectives and problems.

Under our democratic form of government it is the privilege of each group to solve for itself the problems arising within its scope; or to solve these problems by appropriate coöperative action with other groups, at a local level to meet local needs. That is one advantage of a democracy with state-rights and community government, as compared to government of the people by a strongly centralized form of government.

In recent years more and more groups; industry, labor, farmers and communities, have failed to find solutions for their problems. Their problems have been referred to the Federal Government for solution. This has given rise to expansion of federal bureaucracy and the development of a more centralized form of government.

There will always be groups in the Federal Government interested in promoting the expansion of governmental bureaucracy.

There will always be groups within our Federal Government who will be glad to assume our responsibilities, who will always be willing to return to us a part of our tax contribution, in the guise of grants-in-aid, with which we may assist them in the solution of our problems.

Medicine has a great problem—the distribution of adequate medical care. Many believe the profession should refer this problem to the Federal Government for solution through bureaucracy.

The great part of his problem can be solved by the medical profession. It is not a problem for solution by Blue Cross Hospital Plans, by insurance companies or by any group other than the medical profession. It is a problem of the profession, for solution by the profession, with the assistance of appropriate coöperative action by other groups.

Let us find a solution for our own problem. Let us not allow it to be referred to government for solution through another great bureaucracy. Your Society has indicated an approach to a proper solution, to meet the needs of New Jersey, the organization of two non-profit medical service corporations to act as your administrative agencies. Give your support to this movement and to these agencies.

MEDICAL NEEDS IN THE OPINION OF THE MAJORITY

Why haven't the attempts of those sponsoring national compulsory sickness insurance met with more success?

Our National Congress has had three opportunities since 1935 to enact legislation which would have established a national compulsory program: the first Wagner Bill, the Elliott Bill and the second Wagner Bill. Yet, none of these Bills ever reached the floor of the House or Senate.

Since 1935 thirty Bills which would have established compulsory sickness insurance on a state-wide basis have been introduced in the Legislatures of our States. Yet, we have no State with a compulsory sickness insurance program. One possible exception to this is the program operating in Rhode Island since 1942, providing cash benefits to employees during periods of illness, without additional taxation and without providing for medical care.

The reason why these attempts have not been successful must be that, in the majority opinion of our legislators, our people at this time do not want a compulsory sickness insurance program.

A fair interpretation of the various public opinion surveys conducted on this problem would indicate that our people do not want a compulsory program, do not want regimentation of the medical profession and do not want regimentation of themselves.

The surveys do indicate that the majority of people feel that medical care must be made more easily available and probably the majority of people would like to have available such medical services as they have been told by its proponents would be available under a national compulsory program; but they do not like, and do not want, compulsion.

The majority of people do want a program under which adequate medical care will be available to all people at a cost which will not be a financial hardship to persons of modest income. Such an interpretation of the needs of our people was anticipated by the first committee of the Society to work on this problem. This interpretation is still the basis of the work being done by our voluntary medical service plans.

Only if this expressed demand of our people cannot be supplied by the profession itself, will our people be willing, or forced, to accept the type of program evolved by our politicians and socio-

economists; national, compulsory sickness insurance, and we, the profession, will have sacrificed our great opportunity and privilege; the right to solve our own problem at a local level to meet local needs.

If we are to solve this problem we must first, and above all, have unity of purpose and unity of action within the medical profession. We must acknowledge the leadership of our State Societies and of the American Medical Association.

We are on the road to finding a solution for employed persons through the 14 voluntary medical plans now operating with the coöperation of non-profit hospital plans and sponsored by organized medicine. None of these 14 Plans are as yet perfect and it may take years to perfect them, but they are a start. They have a combined enrollment of 1,200,000 persons as of July 1, 1944. They are self-supporting and paying physicians modest, but fairly ample fees, which will increase in amount as pre-existing lesions in their enrolled groups are corrected. Our own Plan, Medical-Surgical Plan of New Jersey, had the following experience in July, 1944:

Persons Enrolled	Income from Subscribers	Claims Incurred	Operating Expenses	Placed in Reserves
25,227	$16,783	$12,586	$2,964.78	$1,233.21

Analyzing this income, how does it compare with anticipated income under the proposed Wagner Act?

The income to our Plan per person enrolled is 66 cents per month.

The claim cost per person is 49 cents.

Assuming four million New Jersey persons were enrolled, as would be under Wagner Act, and that 4,500 doctors were in active practice in New Jersey and caring for hospitalized patients;

Total income $2,640,000.00 per month.

Income per physician $585.00 per month or $7,032 per year for services rendered in hospital.

The most liberal estimate under the Wagner Bill was $5,000 per year per physician for full services in home, office and hospital. Reported incomes per physician prior to the war was $4,200, and a more recent estimate during the war placed it at $5,800 per physician, for complete service in home, office and hospital.

In view of this accomplishment which at the same time gives the profession an opportunity to clear up the existing defects to which the government called our attention, why isn't every County Society and every individual physician on the band-wagon?

NEW MEDICAL SCHOOLS

Within the past year three schools have been added to the list of approved medical schools maintained by the Council on Medical Education and Hospitals. The Southwestern Medical College of the Southwestern Medical Foundation is located at Dallas, Texas. Dr. Tinsley Harrison is dean of the faculties. The Bowman Gray School of Medicine located at Winston-Salem, N. C. Dr. C. C. Carpenter continues as dean. Under the deanship of Dr. A. Cyril Callister, the University of Utah School of Medicine, at Salt Lake City, has also developed a four-year program. The University of Alabama has virtually completed arrangements for expansion to the four-year status, employing the facilities of the Hillman and Jefferson hospitals in Birmingham, under the direction of Dean Roy R. Kracke. The Council on Medical Education and Hospitals is glad to encourage and assist well planned institutions in developing medical schools where the need exists; it must, however, discourage ill conceived ventures in medcal education. New and more medical schools will not solve the problem of distribution of medical care. There is no assurance that more doctors will practice in rural communities if more doctors are produced. The rate of production of doctors and their adequate distribution are independent problems. — Current Comment, J. A. M. A., Vol. 125, No. 16, p. 1144.

ORIGINAL ARTICLES

EYE INJURIES IN INDUSTRY AND DETERMINATION OF THEIR DISABILITY *

A. RUSSELL SHERMAN, M.D., Newark, N. J.

Eye injuries occurring in industry are no different from non-industrial injuries. They require the same diagnosis and treatment and their management differs from that of other injuries only in that one must perhaps keep somewhat more detailed records on which he can base necessary reports.

The important injuries are, of course, those causing permanent impairment of function. Of these the commonest are those injuries of the cornea which leave a scar in the pupillary area. Less common are the extensive and deep wounds or ulcers which may leave the pupillary area clear, but because of corneal distortion cause a refractive error, usually astigmatism. These two types of visual impairment frequently occur in the same eye.

The iris may be involved in perforating wounds, leaving a defect which causes some dazzling. Contusions occasionally cause a partial paralysis of the iris sphincter, resulting in a similar visual disturbance.

The usual traumatic lens lesion is a cataract, and may be caused directly by a wound or contusion, or may arise as a complicated cataract in siderosis, chalcosis, detachment of the retina or other intraocular disturbances. Luxations or subluxations are sometimes seen and produce considerable visual disturbance through changes in the refraction of the eye.

Contusions produce a variety of fundus changes, the initial stages of which are sometimes obscured by vitreous hemorrhages or other lesions more anterior. One of these is commotio retinae, known also as Berlin's opacity, and characterized by an area of edema with a central cherry red spot in the macula, presenting the same picture as embolism of the central artery. This edema subsides after a few days, sometimes with complete restoration of function. On the other hand, it may be followed by simple degenerative changes in the macula or by a hole in the macula. Rupture of the choroid and detachment of the retina are occasionally seen.

Retinal hemorrhages are common. In addition to those resulting from direct injury to the eye, hemorrhages and other lesions may result from head injury and chest compression (angiopathia retinae traumatica, lymphorrhagia retinae). The following case should probably be included in this group:

> An electric lineman, working on a pole, was supporting a heavy cable on his left shoulder. He slipped down a few inches and the cable struck the back and left side of his neck. A few minutes later he noted black spots before his left eye and the next day the eye was "almost blind". The vision improved greatly, but when he was first seen November 29, 1940, six months after the injury, was still impaired.
>
> Examination at this time showed several small hemorrhages near the disc and macula of this eye. There was no foveal reflex and small white dots were sprinkled above the macula. The vision was 20/50 and there was a relative central scotoma, 2 degrees in extent, for a 2/1000 red object.

Wounds of the choroid and retina by foreign bodies present no characteristic picture since the foreign bodies vary so widely in size and shape. Hemorrhages and eventually areas of degeneration and scar formation are common findings.

Atrophy, rarely evulsion of the optic nerve, as well as paralysis of the extra-ocular muscles, may occur as the result of direct injury or of intra-cranial injury.

Lid deformity or stenosis of the lacrimal duct may result from lid injury. In some of these cases, although there is often no impairment of visual acuity, there is a definite impairment of function which is compensable.

There are several conditions which, though not ordinarily traumatic, may at times be so

* Read at the April 10, 1944, meeting of the Eye, Ear, Nose and Throat Section of the Academy of Medicine of Northern New Jersey.

and which often present great difficulty to the examiner who must form an opinion as to the possible rôle of trauma in their causation. It is generally accepted that interstitial keratitis may be excited by trauma. Very few reported cases have had an undoubted injury, and the diagnosis has usually been based on the history. The following case showed a mild recurrence of interstitial keratitis following injury:

M. G., male, aged 25, had a superficial central ulcer of the cornea, said to have been caused by a piece of insulating material which struck it two days before (January 28, 1943). There was a faint, diffuse deep corneal haze, also a collection of deep blood vessels above and nasally and another group below and temporally. Two days later a deep infiltration had appeared above and posterior to the ulcer and a fuzz of infiltration was developing around the blood vessels in the lower temporal portion of the cornea. On February 5th the infiltration was clearing slightly and the surface healed. A year later there was still a dense haze at the site of the infiltration which had developed above and posterior to the ulcer.

Disciform keratitis may result from an injury, as may dendritic keratitis,—probably in persons who harbor the herpes virus. Many patients with dendritic keratitis relate a story of frequent or recent attacks of herpes liabialis and some show an active herpes labialis present at the same time as the corneal lesion.

Iritis caused by a contusion is a fairly common condition, but it may probably be excited in the presence of predisposing factors by a comparatively trivial superficial injury.

Glaucoma is frequently seen as a complication during the inflammatory reaction following an injury to the uveal tract, less frequently as the result of a dislocated lens or of a large hyphema, but it may appear without any such obvious cause, as in the following case:

H. A. H., male, age 35, was seen May 5, 1934, six days after his left eye had been struck by a baseball. There was much injection. The cornea was hazy, the pupil in mid-position without synechiae and the lens apparently normal. There was very slight hyphema. The tension was 50 Schiotz and the vision 1/200 with good light projection. A paracentesis of the cornea was performed and two days later the tension was 18 Schiotz. He was seen frequently during the succeeding month, always with normal tension, and most recently in January, 1944, when the tension was still normal and the vision 20/20.

If the examiner sees these patients within a few hours after their alleged injuries, he may often determine easily what part, if any, trauma plays in their eye lesions. Unfortunately he often sees them for the first time after the lapse of several weeks or months and may be totally unable to form a positive opinion.

In determining the extent of disability caused by an injury, it goes without saying that one must first determine that there has been an injury and that there exists a disability. He must then determine what connection, if any, there is between them. In many cases this connection is obvious; in some it is obscure; in others it is non-existent. The examiner must exhaust every effort in doubtful cases to obtain an accurate history, without which correct conclusions are impossible. A patient will state, for example, that something entered his eye at work. On further questioning, however, he will often say that the eye became painful during or after work, and that something must have or *may* have entered it. Conjunctivitis, most superficial corneal lesions and some other conditions produce a sensation of foreign body in the eye and it is only natural for the patient to assume that there is or was a foreign body present. Again the patient may give a perfectly accurate history of an injury, but present a condition which could not, because of its nature or of the insufficient time interval elapsed, have arisen from the injury described. Pterygium, chalazion, iritic adhesions, fundus disease, and many other commonly seen lesions are included in this group and are attributed to superficial injuries from foreign bodies, exposure to electric welding and similar impossible causes.

Rarely a patient will have had an injury which has been forgotten or dismissed as trivial, as in the following case:

M. S., female, age 32, was seen August 3, 1940, stating that she noticed a spot on her left eye two days before. An incipient cataract was noticed. The opacity was subcapsular, except at the anterior pole, where it reached and included the capsule and had all the appearances of a traumatic cataract. Questioning elicited no history of an injury. Later she recalled that a month before, this eye had been hit by a cardboard box and her history was confirmed by witnesses.

Most ophthalmologists have seen patients with intraocular foreign bodies without any recollection of injury.

The physician assumes that the patient's history is truthful unless he sees evidence to the contrary. It is natural, therefore, that a patient who deliberately gives a false history will seldom be suspected, or discovered. Foreign bodies carry no label indicating that they have entered a person's eye while he was at his place of employment, rather than at home or on the street. On February 7, 1944, I saw a man with acute iritis, which he said came on at work two days before. On being questioned he denied ever having had a previous attack or even having heard of iritis. Four days later, during a second visit, he admitted that he had had iritis 13 and 15 years before, and thought he might this time have his employer made responsible for his treatment. Such cases are probably uncommon, and the usual cause of disagreement or confusion is false attribution.

The ophthalmologist, who is estimating the degree of disability incurred as the result of an eye injury, should be familiar with a few of the legal principles involved. In New Jersey, disability of two varieties is to be determined —temporary and permanent. Temporary disability is based on a patient's inability to work because of pain or other symptoms of a temporary nature or because to do so might hinder his recovery. The amount of temporary disability is expressed in weeks. Permanent disability is based on loss of function of a part (or whole) of the body and is expressed in percentage of loss. The rate of compensation is stipulated in the law and the rôle of the examining physician is merely to furnish facts concerning disability in such a manner that the law can be properly administered.

In New Jersey the Workmen's Compensation Act does not state by what methods percentage loss of vision is to be determined, and the method accepted by ophthalmologists and by the compensation courts is that recommended by a committee of The Medical Society of New Jersey and adopted and recommended by the Society for use throughout the state at its Annual Meeting in 1924.

This method is based on the widely accepted principle that there are three essential elements in the function of vision "(a) visual acuity, (b) binocular single vision (muscle function) and (c) field of vision, and that each element stands in the same relation to the others as do the factors of a product."

Visual Acuity.—This is determined by Snellen test type.

Muscle Function.—Diplopia in all fields, since it causes loss of binocular single vision in all fields, is equivalent to the loss of use of an eye. Diplopia in only certain directions of gaze "should be given a smaller award proportionate to the diplopia area.

"For permanent, complete paralysis of accommodation of one eye, with which is usually associated mydriasis, we believe a loss of 25% should be awarded."

Field of Vision.—The percentage loss in cases of partial loss of the visual field is calculated on a square root value. This calculation is based on the principle that a slight loss causes relatively little disability, but the disability increases disproportionately as the amount of field loss increases.

The translation of loss of visual acuity from Snellen expressions to percentage is based on the assumption that 20/20 vision represents normal visual acuity and 20/200 or less industrial blindness. Snellen characters are designed so that they subtend an angle of 5 minutes at the designated distance in feet; and for each increase of 20 feet there is an increase of 5 minutes in this angle. The percentage table of visual acuity gives an approximate value of 11% to each such increase thus:

TABLE 1
Visual Acuity

Snellen	% Acuity	% Loss
20/20	100	0
20/25	97	3
20/30	94.5	5.5
20/40	89	11
20/50	83.5	16.5
20/60	78	22
20/70	72	28
20/80	67	33
20/100	55.6	44.4
20/120	44	56
20/140	33	67
20/160	22	78
20/180	11	89
20/200	0	100

As an aid in determining percentage visual loss resulting from contraction of the visual field, the committee's report includes a table by Dr. A. C. Snell. This table takes 65 degrees as the normal visual field or 100%, and shows the percentage of visual efficiency present in cases of contractions of increasing degrees, using the square root calculation mentioned above.

TABLE 2

FIELD OF VISION

Average Radius	Per Cent of Normal	Square Root (% of Visual Efficiency)	Per Cent of Visual Loss
65 degrees	100	100	0
60 degrees	92	96	4
55 degrees	83	91	9
50 degrees	75	86	14
45 degrees	67	81	19
40 degrees	59	76	24
35 degrees	50	71	29
30 degrees	42	65	35
25 degrees	33	58	42
20 degrees	25	50	50
15 degrees	16	40	60
10 degrees	8	28	72
5 degrees	0	0	100

The visual efficiency of an eye is determined by multiplying together the three factors expressing visual acuity, muscle function, and visual field.

For example, let us assume an eye has a visual acuity of 20/80 (67% efficiency), normal muscle function, and a visual field contracted to 30 degrees. (This is 42% of a normal field according to the table and the square root of 42 is 65). We multiply .67 X 1 X .65 to obtain the visual efficiency of the eye. Again, if the visual acuity is 20/60 (78%) the binocular function 40% and the visual field normal, we multiply .78 X .40 X 1 to obtain the visual efficiency. Reduction of any of the three factors to zero reduces the visual efficiency to zero. The visual loss is, of course, 100% minus the visual efficiency.

In the vast majority of cases these computations are unnecessary since the visual impairment will consist only of loss of visual acuity whose percentage value can be instantly determined from the table or quickly calculated.

The foregoing paragraphs give, with slight additions or modifications, the essence of the method which should be used in this state in determining visual loss for workmen's compensation purposes, both for the sake of uniformity and because any other method is likely to be rejected by the compensation courts.

Only a knowledge of arithmetic is required to calculate the loss of visual function once the three visual factors (visual acuity, binocular function and visual field) have been determined; but unless the examiner has been able to determine these factors with reasonable accuracy, calculation is useless and the result misleading.

Unfortunately the test of visual acuity is a subjective one, and except when an eye is so severely damaged that its vision is obviously less than industrial blindness, one cannot tell by objective methods alone what the actual visual acuity is. Many compensation claimants attempt to exaggerate their visual impairment, and it is often advisable to use a malingering test as the first test of visual acuity.

In testing visual acuity, it is necessary that one have a test chart with characters of sizes between 100 feet and 200 feet Snellen. There is a difference of 55 per cent between 20/100 and 20/200 and if the examiner has not used such a chart he may be placed in the awkward position of having to admit that he cannot determine what the patient's visual acuity is (e. g. 20/120, 20/140). Such charts are published by the American Medical Association.

If his conclusions are to be accurate, the examiner must find objective changes to account for his subjective findings. He cannot reasonably, for example, attribute a visual impairment of 45% (20/100) to a small peripheral corneal scar which could cause no interference with vision or to a more centrally placed one which should in his experience reduce the vision to about 20/30.

The visual impairment of an allegedly injured eye is not, of course, necessarily the result of the injury in question. The examiner must recognize non-traumatic conditions causing visual disturbances—refractive errors, fundus disease, senile changes and others. He may often be able to determine that a lesion which is traumatic in origin is not the result of a recent injury, but of another injury occurring months or years before.

K. C. was seen February 21, 1944, stating that he had had a foreign body in his right eye on February 2, 1944. The eye was not inflamed and there was a large central corneal scar. It was obvious that any ulcer which would produce such a scar could not have healed completely without any residual inflammation in three weeks' time. This opinion was confirmed by a conversation with the ophthalmologist who saw him at the time of the recent injury and stated that it consisted of only a superficial wound of the conjunctiva.

In the case of most industrial eye injuries, any refractive error present is non-traumatic and a test of visual acuity for the purpose of estimating disability should be made only with the best possible correction of the refractive error. In exceptional cases there may be a refractive error caused by injury, and in these the visual acuity should be tested without correction in making an estimate of disability. Deep injuries of the cornea and injuries of the lens are, of course, those which would be likely to fall into this group. Since an eye with a traumatic aphakia is industrially blind without correction, all such eyes are considered industrially blind, even though they may have normal vision with correction. This is in accord with a New Jersey Supreme Court decision in the case of *Johannsen vs. Union Iron Works* in 1921. It need scarcely be pointed out that when there is a refractive error present as the result of an injury, there may be present at the same time some preëxisting refractive error not attributable to the injury. One may obtain clues as to any probable preëxisting refractive error from the lenses the patient is wearing, or from the refractive error of the fellow eye. In doubtful cases the amount of improvement possible with a lens gives helpful information. Let us consider, for example, a case in which the uninjured eye has a refractive error of +1.00 sphere and the injured eye +5.00 sphere, and no correction has been worn. If the injured eye has normal or nearly normal vision with correction, one can assume that the refractive error is largely the result of the injury. If not, it is probably amblyopic as the result of a preëxisting anisometropia. When an injured eye has a large amount of astigmatism and there has been a corneal or lens injury which may have caused it, one may be able to come to a decision as to the possible rôle of trauma in the same manner.

Final estimation of partial visual loss from corneal and lens injuries cannot be made for several months following an injury and must be deferred. In the case of corneal lesions, the vision frequently improves and in the case of lens injuries, it may deteriorate. The following cases are illustrative:

E. K., male, age 27, had a wound of the cornea and sclera of the right eye from a broken bottle on July 31, 1940. The wound healed fairly rapidly and on August 10th, the vision was 6/200. With a correction of 8 dioptres of astigmatism it was 20/30—. A month later this had diminished to 5 dioptres of astigmatism and in November, 1940, the vision was 20/86 and the astigmatism only 2.5 dioptres. In April, 1941, the vision was 20/50 with only 2 dioptres of astigmatism. Six months later, it was the same, and still the same in July, 1942, two years after the injury.

W. H., had a perforating wound through the lens by a thin sliver of steel on October 8, 1943. This was removed the same day. There was a localized opacity in the lens and the uncorrected vision was 20/30. On November 16th, the vision was 20/100, corrected to 20/30 with +2.00+0.50 axis 90. January 8, 1944, the correction requried was +1.00+1.00 axis 90, and March 25th, it was +0.75+1.75 axis 90.

In addition to the doctor and patient, there is always a third party, the employer (or his insurance carrier) interested in every patient with an eye injury and responsible for his disability compensation and medical care. In order that the patient, the doctor and, at times, the hospital may be properly compensated and that the insurance company may carry on its business in an orderly fashion, it is necessary that the doctor furnish reports. The reasonableness of this necessity for reports is apparent when one keeps in mind the fact that in any business the person who disburses funds must have a receipt or statement of some sort, justifying the expenditures.

Reports concerning minor injuries causing no disability and requiring only one or a few office visits need not be detailed. Frequently a simple statement on the bill for treatment, giving the diagnosis and indicating that there was no disability, will suffice. For minor injuries those insurance companies which furnish de-

tailed forms for accident reports do not expect the doctor to fill in every item on the form.

When it is obvious that there will be considerable disability, the employer or his insurance company should be notified as soon as convenient, and a tentative estimate of the disability given, if possible, even though it may not be accurate to within 25 or 50%. This is necessary so that the company can "set up a reserve".

Reports to an employer or insurance company should not be like those one would send to another ophthalmologist. Detailed descriptions of eye lesions are only confusing to the person who reads them in an insurance office, as are most diagnostic terms. These are necessary but should be limited to simple ones like "ulcer", "contusion", "wound", "scar", "inflammation". Nothing is accomplished by saying "lacrimation" for "watering", "hyperemia" for "redness", "leukoma" for "scar", or by recording the lenses which correct a patient's refractive error. The person receiving a report of an eye injury is interested primarily in disability,—how much (temporary and permanent) and whether it is the result of the injury in question,—other aspects of the condition are usually of only academic interest.

The procedure for computing disability from eye injuries in New Jersey has already been described. Its purpose has been admirably fulfilled,—to bring order out of the confusion existing when there was no standard of percentage equivalents for Snellen expressions of visual acuity. It would be foolish, however, for us to consider that it is perfect, and the members of the committee who recommended it would probably be the last to claim perfection for it. It should be worth while to examine it carefully to discover whether from the standpoint of accuracy, equity or simplicity improvements might not be made at the proper time and through the proper channels.

In 1925 (one year later than the report of our New Jersey Committee), the American Medical Association adopted the report of its committee. This report included a table of percentage equivalents of Snellen notations in which the percentage intervals increase by geometric progression rather than, as in the New Jersey table, by arithmetical progression. This is probably a more scientific and, in the case of the poorer visual acuities, more equitable principle. It seems apparent from the standpoint of equity, for example, that the difference between 20/200 vision (industrial blindness) and 20/180 vision is much less than 11 per cent, and between 20/200 and 20/160 much less than 22 per cent, the values given in our table of visual acuities. The 180 foot Snellen type is only 10% smaller than the 200 foot type; the 20 foot type is 50% smaller than the 40 foot type. Our table, however, gives identical values to the difference between 20/200 and 20/180, and between 20/20 and 20/40. Unfortunately, the A. M. A. table of visual acuities does not agree with the widely accepted standard of 20/200 vision as 100% loss. It lists 20/200 as 80% loss and the percentage loss reaches 99.9% only for a visual acuity of 20/800. (20/600 is 99.4%; 20/700 is 99.7%.) In its revised (1941) report the same table is presented, but in the introductory remarks this statement is made—"The reduction in visual acuity to 20/200 * * * is the accepted standard of industrial blindness." This would seem to make the method unworkable, for one naturally inquires: If an eye with 20/200 vision (80% loss) is to be awarded 100%, what is to be awarded for 20/140 vision (65.8% loss) and so forth? For practical purposes one can seldom detect the difference between a visual acuity of 20/160 and of 20/200 and it would probably be more practicable and equitable to use a scale somewhat like the following:

TABLE 3

VISUAL ACUITY

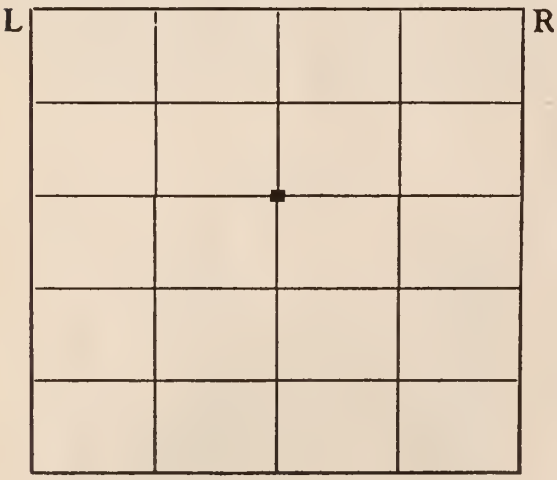
Snellen	% Acuity	% Loss
20/20	100	0
20/25	97	3
20/30	94	6
20/40	89	11
20/60	75	25
20/80	62	38
20/100	50	50
20/120	34	66
20/140	20	80
20/160	7	93
20/180	2	98
20/200	0	100

The A. M. A. report includes a provision for measuring near vision using near vision test type at a distance of 14 inches. This measurement of visual acuity is expressed as a Snellen fraction in which the numerator is 14. Thus the expression 14/14, 14/42, 14/84 would correspond to 20/20, 20/60, 20/120 with their corresponding percentage equivalents. In the 1925 report it is recommended that the visual acuity for near be given a twofold value. If, for example, the visual acuity for near is 40% and for distance 70%, the calculation of the central visual acuity is as follows:

$$\frac{(40 \times 2) + (70 \times 1)}{3} = \frac{80 + 70}{3} = 50$$

In the 1941 report it is advised that one simply take the average between the two, which in the above example would be 55. This determination is necessary only, of course, in those cases where there is a traumatic disturbance of near vision relatively greater than of distant vision, as in paresis of accommodation. It is more accurate than the recommendation in the New Jersey method that a loss of 25% should be awarded for permanent complete paralysis of accommodation. Any traumatic disturbance of accommodation in a presbyope is naturally of less consequence than in a non-presbyope.

The A. M. A. report includes a simple method of determining the extent of loss of muscle function. Diplopia is tested over an area extending 40 degrees above, 60 degrees below and 50 degrees to right and left of a point of fixation. This area is divided into 20 rectangles, each 20 by 25 degrees in size.



MOTOR FIELD CHART

In the 1925 report a table of percentage losses based on square root values is given, but this has been simplified in the 1941 report, which assigns a 5% loss in binocular function to each square in which diplopia is present. Since diplopia testing is subjective, the results should be confirmed by examination with the screen test or the Maddox rod in different directions of gaze, and the deviation measured with prisms.

A simple method of determining visual field loss is given in the A. M. A. procedure. "A visual field having an area which extends from the point of fixation outward 85 degrees, down and out 85 degrees, down 65 degrees, down and in 50 degrees, inward 60 degrees, in and up 55 degrees, upward 45 degrees, and up and out 55 degrees is accepted as 100% industrial visual field efficiency." The sum in degrees of these principal radii is equal to 500 and one has only to divide by 500 to determine the percentage of visual field efficiency after measuring these radii and finding their sum in degrees. A one degree white test object should be used (about 5 mm. with the average perimeter).

The members of the Committee on Visual Economics of the American Medical Association have made efforts to bring about greater uniformity in the administration of compensation laws, and to this end they have urged the more widespread adoption of the A. M. A. procedure. There are certain features of it which seem unworkable, but others might well be incorporated in the procedure now in use in New Jersey, when and if a change is sometime to be made. Since we now have a system which is fairly satisfactory and, more important, universally recognized, it would not be wise to attempt any such change except after careful and competent investigation.

671 Broad Street

THIOURACIL MEDICATION IN HYPERTHYROIDISM, HYPERTENSION, AND NEUROSES

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Thiouracil medication opens a new field of therapy which has extended possibilities for medical treatment of thyroid and related conditions. Various sulfonamide drugs were used experimentally on the thyroid glands of rats. After lengthy trials with various derivatives of the sulfa drugs, Thiouracil was found most satisfactory. This drug is comparatively new.

In 1941 the MacKenzies and McCollum of Johns Hopkins Medical School induced thyroid hyperplasia in rats with sulfaguanidine. This effect could be abolished by administration of thyroxin and not by iodine. Further study has shown that the primary action of the various sulfa drugs in laboratory animals has centered (1) on inhibition of thyroxin hormone formation and (2) the thyroid hyperplasia to be, a compensatory pituitary activity resulting from thyroid depression. Proceeding from this laboratory work Astwood made a clinical report from the Peter Bent Brigham Hospital of Harvard Medical School in May, 1943, with favorable clinical results and the suggestion for further study. Astwood elected to give the drug to two groups of patients: (1) with normal thyroids and (2) with hyperthyroid conditions. His studies resulted in the conclusions that (1) Thiouracil has no power to reduce normal thyroxin synthesis and (2) that Thiouracil has definite effect to reduce increased thyroxin synthesis. More than 100 compounds were tested and finally Thiouracil was chosen from the clinical standpoint because it was more potent, although it may be more toxic than thiourea.

After these fundamental investigations Thiouracil found its way into clinical applications. The results were gratifying particularly in cases of hyperthyroidism. These results encouraged the use of Thiouracil in St. Mary's Hospital, Hoboken, N. J. The following questions arose, naturally, during the work: (1) Does lowering of the basal metabolism in hyperthyroidism vary inversely with thyroid iodine content? (2) Why is Thiouracil equally beneficial in toxic adenomatous goitre when iodine medication is questionable or contraindicated? (3) What relative percentages of inorganic iodide and diiodo-tyrosin in the thyroid gland exist as thyroxin synthesis is reduced? (4) Is hyperthyroidism a thyrotropic or adrenosympathotropic disease? (5) Can we expect a generalized depression of sympathetic nerves apart from, or only as, a result of diminution of thyroxin synthesis?

These thoughts were particularly timely from the standpoint of the enthusiasm and hope that Thiouracil raised as to the possible use in the various conditions affecting the sympathetic nervous system as hyperthyroidism, hypertension, the various agitated neuroses, and the spastic colitics.

PATHOLOGY

In the condition called hyperthyroidism there is an over production of thyroxin which is rapidly demobilized from the thyroid gland. The typical histological picture shows epithelial hyperplasia and lack of colloid. Following Thiouracil medication the hyperplasia usually disappears and the gland returns to an abundant colloid state with low cuboidal epithelium. From the laboratory experiments it has been shown that the pituitary, under Thiouracil medication, shows marked decrease in acidophilic cells and a marked increase in basophilic cells, a condition which is seen frequently after thyroidectomy. Marine considers all goitrous enlargements as examples of "a compensatory work hypertrophy" brought about by iodine deficiency. As Thiouracil medication proceeds and the gland is cut down from hyper- to hypofunction, we may have a secondary pituitary action characterized by reappearance of thyroid hyperplasia which can be abolished by thyroid extract; e.g., we may have a large hyperplastic gland reduced to a small aplastic gland by Thiouracil and then, a hyperplastic

gland, produced from pituitary stimulation and reduced by thyroid extract.

The attitude temporarily assumed by us is that the pathology and treatment of hyperthyroidism is directly paralleled by thyrotropic and adreno-tropic pituitary function, either primary or secondary. We have considered hyperthyroidism as one element in a polyendocrine dysfunction principally involving the thyroid, pituitary, and adrenal glands with varied sympathetic and metabolic abnormalities. With these thoughs in mind we have used Thiouracil in hyperthyroidism, spastic colitis, hypertension, and the various agitated hysterias with increased basal metabolic rates.

Two cases of hyperthyroidism unassociated with marked arteriosclerosis showed noticeable improvement and disappearance of all symptoms of hyperthyroidism on Thiouracil. A résumé of these cases follows:

A—Mrs. F. P., age 51; ambulatory; history of thyroid enlargement for two years; palpitation; sweating; exophthalmos; marked tremor; extremely nervously unstable; P. 128; B. P. 190/100; refused B.M.R.; put on Phenobarbital and Stilbestrol; no improvement in one month; weight loss of 7 lbs.; B. P. unchanged; B.M.R. +58. Patient put on Thiouracil, .2 gm. T.I.D. Patient felt distinctly improved from all thyrotoxic symptoms after five days and in two weeks marked regression of goitre, less tachycardia, sweating, flushing, irritability, B.M.R. +38; B. P. 170/96; P. 110; Hbg. 80%; W.B.C. 7,400; Polys. 58%; Lymphs. 30%; Monos. 12%. Patient developed influenza and Thiouracil was stopped for 2½ weeks. Thiouracil restarted at which time patient had gained ½ lb., B.P. 150/80, heart rate 100 per min.; Hgb. 80%; W.B.C. 7,100; Polys. 62%; Lymphs. 30%; Monos. 8%; B.M.R. +31. During all this time patient was feeling progressively improved. In ten days B.M.R. was +23; loss of 2½ lbs.; B.P. 150/88; heart rate 100 per min.; Hbg. 78%; W.B.C. 7,300; Polys. 60%; Lymphs. 26%; Monos. 14%. Approximately ten days later B.M.R. was +14. Patient is quite happy and satisfied.

B—Mrs. E. Z.; age 44; ambulatory. Symptoms began one year ago with tachycardia; tiredness; sweating; enlarged thyroid; wgt. 113; hgt. 5′ 2″; B.P. 130/82; urine showed trace of albumin, otherwise negative. C.B.C.—Hbg. 15 gms.. R.B.C. 5,030,000; W.B.C. 8,000; Wassermann negative. Tracheal x-ray showed no displacement. B.M.R. +50. Patient given digitalis and Lugol's solution and showed some improvement for two weeks when symptoms of thyrotoxicosis reappeared. Digitalis and Lugol's solution continued for one month without further clinical improvement. At this time her B.M.R. was +42; tachycardia, 170 per min., blood cholesterol 132 mgm.%, blood sugar 80 mgm.%, creatinine 1.6 mgm.%, N.P.N. 34.6 mgm.%. Patient started on .2 gm. Thiouracil to determine sensitivity and when none was found after two days, the drug was increased .2 gm. daily until the patient was receiving 1 gm. in 24 hours. This latter dosage was continued for 11 weeks at which time the pulse was 85 per min., patient less nervous, able to do her housework with less fatigue, B.M.R. dropped to +18; wgt. gain 3 lbs., blood cholesterol 190 mgm.%. For the next eight weeks the dosage was diminished .1 gm. per week until patient received .6 gm. per day. At this time patient developed a La Grippe, thyroid tenderness and swelling, tachycardia, 124 per min.; weakness, listlessness, heaviness of tongue and tightness of her clothes. Wgt. was 119 lbs., B.P. 158/88; urine and C.B.C. negative, blood cholesterol 500 mgm.%, B.M.R. —3. Thiouracil was stopped for two weeks and La Grippe treated. Thiouracil resumed with a dosage of .1 gm. daily increasing .1 gm. daily until patient received .3 gms. daily. The patient has been on .3 gm. Thiouracil for approximately 10 weeks and gland enlargement has disappeared as well as sweating and tachycardia. At present she feels "like a new women, not nervous or sluggish". The patient's present weight is 114 lbs., P. 76; B.M.R. +1¾.

The following case is an old exophthalmic goitre of many years' duration; severe arteriosclerotic heart disease with hypertension.

C—Mrs. R. D.; age 48. Patient seen first October 19, 1943, in R. & L. cardiac failure with auric, fibrillation; heart rate 114 per min.; B.P. 220/80; marked exophthalmos; nodular, enlarged thyroid; marked tremor; sweating; B.M.R. +85. Patient was hospitalized and put on Digitalis, gr. 1ss T.I.D.; Mannitol Hexanitrate, gr. ½ T.I.D.; Phenobarbital, gr. ¼ six times daily; and Thiouracil, .2 gm. T.I.D. With bed rest and the above medication her B.P. progress ran as follows: 200/100, 186/100, 190/50, 200/100, 190/70, 210/80, 180/90, 164/50, 160/50, 192/60. 140/30. Her basal metabolic rates taken at approximately weekly intervals were +85, +76, +70, +82 (rash on chest, arms, neck; nausea, vomiting). Thiouracil was cut to .2 gm. B.I.D. and B.M.R.'s were as follows: +69, +42½, +33, +26½. The thyroid gland markedly diminished in size; less exophthalmos; and patient felt generally improved. While she was at rest in the hospital her B.P. dropped finally to 140/30 but she was extremely nervously unstable and from day to day there was a variation of 50 points even while her basal metabolic rates were dropping steadily. Her heart was constantly kept digitalized; her liver decreased in size from approximately four inches to one inch below the costal margin. She was generally improved, less exophthalmos and sweating, less nervous, but still could be thrown into a thyroid flare-up on the least excitement or difficulty.

Her blood counts were:

Date	Nov. 10, 1943	Dec. 4, 1943	Jan. 22, 1944	Feb. 24, 1944	
R.B.C.	4,850,000	3,700,000	4,230,000		
Hbg.	14 gm.	12 gm.	63%		
W.B.C.	9,500	8,400	11,900	9,475	
Polys.	62%	66%	50%	Juven.	2%
Lymphs.	31%	27%	40%	Bands	4%
Basophiles	2%	1%	2%	Segms.	70%
Monocytes	5%	3%	4%	Lymphs.	24%
Metamyelocytes		3%	2%		
Eosinophiles			2%		

The above patient has been under treatment from October 19, 1943, to date. She was in bed for approximately six weeks and during that time she made the most improvement even though her course was rather stormy. When she left the hospital and proceeded to carry on the responsibilities of a housewife, exophthalmos and myocardial failure appeared intermittently; sweating, tachycardia, loss of weight have all disappeared and from a thyroid standpoint the patient is markedly improved. She still, however, has an intermittent hypertension, 200/100, 150/80, with an associated severe myocarditis.

A—One case of spastic colitis in a hysterical ambulatory defense worker was treated with Thiouracil, .2 gm. B.I.D. He was seen November 30, 1943, complaining of intermittent vague abdominal pain. B.P. 170/100; P. 64; T. 98.4; B.M.R. +15. Through error no original C.B.C. was done. In his case while on Thiouracil from November 30, 1943, to January 13, 1944, his white blood count dropped from 6,750 on January 13, 1944, to 5,425 on January 20, 1944, and the differentials were as follows:

Date	Jan. 13,1944	Jan. 20, 1944
Eosin.		1%
Baso.		
Juven.	5%	4%
Bands	7%	7%
Segms.	35%	31%
Lymphs.	51%	53%
Monos.	2%	4%

Thiouracil was stopped. The B.P. range during this period was 166/100; 156/100; 146/100; 156/100; 150/90. Patient was put on a colitic diet and Phenobarbital and showed general improvement.

B—A young, hysterical, ambulatory woman presented herself on December 28, 1943. She complained of her face breaking out in blotches, palpitation, sweating, and extreme agitation. She is 28 years of age, has been taking care of a chronically ill husband for the past five years and works during the day in a local embroidery factory. Her B.M.R. was +24; her urine negative; B.P. 150/90, and her blood count as follows:

R.B.C.	4,260,000
Hbg.	84%
W.B.C.	5,750
Baso.	1%
Juven.	3%
Bands	14%
Segms.	47%
Lymphs.	33%
Monos.	2%

She was put on Cupron, Lextron, Phenobarbital, and Thiouracil, .2 gm. B.I.D. In two weeks her B.M.R. had dropped to +9; her white blood count was 7,550; Juven. 1%; Bands 11%; Segms. 44%; Lymphs. 29%; and Thiouracil was stopped. Patient felt improved.

C—Miss O. C., 41; Rh. H. Disease; L. sided failure; auricular fibrillation; wgt. 213 lbs; B.P. 170/100; very worried over heart condition due to fact that brother just recently died of heart trouble. B.M.R. +24, thyroid slightly enlarged. Patient was put to bed and Thiouracil, .2 gm. T.I.D. was given, followed almost immediately with severe nausea and vomiting. Thiouracil was stopped; Digitalis, gr. 1ss T.I.D.; Phenobarbital, gr. ¼ Q.I.D. Recovery uneventful.

In the next series there are six cases of hypertension.

A—J. G., female, 59. Patient put to bed. Essential hypertension; old Ant. myocardial infarction; Chr. cholecystitis; patient given 1.2 gm. Thiouracil daily for approximately two weeks. B.P. range was 230/120; 240/116; 210/80; 200/110; 220/98; 220/98; 215/98; 214/88. Thiouracil was stopped. Urinalysis negative. Her blood counts were as follows:

Date	Feb. 24, 1944	Mar. 8, 1944
R.B.C.	5,890,000	4,950,000
Hbg.	18 gm.	14.5 gms.
W.B.C.	9,200	7,500
Polys.	73%	60%
Lymphs.	23%	38%
Monocytes and Trans.	4%	1%
Basophiles		1%

B—D. R., female, 52. Patient in bed; cerebral hemorrhage, generalized arteriosclerosis; hypertension. Thiouracil, 1.2 gm. daily, was given for approximately one month. B.P. range was 220/130; 210/140; 196/120; 210/140. Thiouracil stopped. Blood counts were as follows:

Date	Feb. 25, 1944	Mar. 7, 1944	Mar. 15, 1944
R.B.C.	4,860,000	4,750,000	4,660,000
Hbg.	16 gms.	16 gms,	17 gms.
W.B.C.	6,400	6,000	7,400
Polys.	53%	60%	56%
Lymphs.	46%	34%	41%
Monocytes and Trans.	1%	6%	

C—J. T., male, 67. Hypertension; severe arteriosclerosis; B.P. 210/75. Patient put to bed and on 1.2 gm. Thiouracil daily for approximately two weeks. B.P. range 170/80; 180/80; 180/80; 170/80; 145/70; 175/80; 140/80; 180/80; 185/85; 180/80; 180/80. Thiouracil stopped. Urinalysis unchanged. Blood counts were as follows:

Date	Dec. 27, 1943 Before Treatment	Jan. 5, 1944 10 Days After
R.B.C.	4,450,000	4,250,000
Hbg.	14 gms.	15 gms.
W.B.C.	7,400	10,700
Polys.	65%	51% + 18%
Lymphs.	34%	25%
Monos. & Trans.	1%	
Eosin.		7%
Basophiles		1%
Metamyelocytes		16%

D—C. N., female, 54. Hypertension of 20 years' duration. Patient put to bed; 1.2 gms. of Thiouracil daily for approximately one month. Her B.P. range was 190/100; 160/90; 170/108; 140/70; 186/90; 168/98; 180/100; 176/82; 186/84; 160/100; 160/100; ambulatory at home, 180/90. Her B.P. before hospitalization and medication was 230/100. Thiouracil was stopped. Urinalysis unchanged. Blood counts were as follows:

	Before Treatment	After Treatment	
Date	Feb. 25, 1944	Mar. 7, 1944	Mar. 15, 1944
R.B.C.	4,480,000	4,610,000	4,860,000
Hbg.	14.5 gms.	15.5 gms.	15 gms.
W.B.C.	7,100	9,200	10,700
Polys.	67%	57%	61%
Lymphs	29%	37%	64%
Monos. & Trans.	2%	1%	34%
Eosinophiles	2%	3%	1%
Basophiles		2%	4%

E—P. D., female, 66. Hypertension; ambulatory. Put on Thiouracil .6 gm. daily for one month. B.P. range: 180/90; 170/70; 160/90; 144/80; 146/80. Treatment began December 29, 1943, and stopped February 4, 1944.

Date	Jan. 5, '44	Jan. 12, '44	Jan. 19, '44	Jan. 28, '44
W.B.C.	10,950	9,075	9,975	8,600
Eosin.	2%			
Baso.		1%	2%	
Juven.	4%	2%	2%	5%
Bands	4%	10%	5%	9%
Segms.	39%	48%	63%	48%
Lymphs.	51%	37%	26%	36%
Monos.		2%	2%	2%

F—J. A., male, 52; ambulatory; old hypertension. Thiouracil, .6 gms. daily for approximately two months. B.P. range 170/90; 174/100; 156/90; 154/90; 166/90; 166/90. Thiouracil was stopped. Treatment started December 29, 1943, and stopped March 14, 1944.

Date.	Jan.3,'44	Jan.10,'44	Jan.17,'44	Jan.31,'44	Mar.14,'44
W.B.C.	8,750	9,550	12,975	11,650	10,650
Eosin.		2%		1%	
Baso.	1%	1%			2%
Juven.	6%	6%	6%	3%	5%
Bands	7%	13%	8%	8%	6%
Segms.	62%	64%	68%	61%	72%
Lymphs	20%	11%	18%	20%	13%
Monos.	4%	3%		7%	2%

TREATMENT OF HYPERTHYROIDISM WITH THIOURACIL

The suggested procedure is:

.3-.4 Gm. Thiouracil T.I.D. with the Basal Metabolism above +40%

.2-.3 Gm. Thiouracil T.I.D. with the Basal Metabolism between +20%-+30%

.1-.2 Gm. Thiouracil B.I.D. with the Basal Metabolism between +10%-+20%

No Thiouracil when Basal reaches 0

Maintenance dose usually .1 gm.-.2 gm. daily indefinitely

While significant clinical improvement has been noticed in five days there is usually a latent period of one to two weeks after Thiouracil medication before definite improvement has been noticed. Basal metabolism tests, complete blood counts, urinalyses are done weekly and tremor, tachycardia, gland size, sweating, and nervous phenomena noted. Thyroid extract, gr. ¼ T.I.D., at any time during treatment may be instituted to prevent or abolish pituitary action, i. e., secondary thyroid hyperplasia or to offset or control thyroid hypofunction from treatment.

RESUME

1. Two uncomplicated cases of hyperthyroidism clinically recovered on Thiouracil.

2. One case of hyperthyroidism complicated with severe arteriosclerosis and hypertension showed marked improvement clinically from a thyroid and B.P. standpoint.

3. Two cases of hysteria, both with hyper-

tension and increased B.M. rates, one with spastic colitis, presented a normal return of B.M.R. under Thiouracil with subjective nervous improvement but no change in B.P.

4. One long-standing severe case of hypertension with marked hysteria showed moderate B.P. and nervous improvement under Thiouracil medication.

5. One moderate case of hypertension with hysteria of short duration showed good subjective nervous improvement with good B.P. reduction.

6. Four cases of severe hypertension and arteriosclerosis showed no change in B.P. under Thiouracil medication.

CONCLUSION

1. Thiouracil was of marked value in the three cases of hyperthyroidism studied.

2. Thiouracil was of moderate value in four cases of anxiety states, two associated with increased B.M. rates.

3. Thiouracil was of no value in the four long-standing arteriosclerotic hypertensions studied.

4. Psychological effects must be considered in some of the neurotic patients studied.

NOTE: Acknowledgment for their help and cooperation in the assembly of this paper is given to Dr. N. Alter, Dr. J. Braun, and Dr. E. Jacoubs; also to Dr. B. W. Carey of Lederle Laboratories for the supply of Thiouracil.

BIBLIOGRAPHY

1. MacKenzie, J. B.; MacKenzie, C. G., and McCollum, E. V.: Effect of Sulfanilylguanidine on the Thyroid of the Rat. Science, 94, 518-519 (Nov. 28), 1941.
2. Astwood, E. B.; Sullivan, J.; Bissell, Adele, and Tyslowitz, R.: Action of Certain Sulfonamides and of Thio-urea upon the Function of the Thyroid Gland of the Rat. Endocrinology, 32; 210, (February) 1943.
3. Williams, Robert H., and Bissell, G. W.: Thiouracil in the Treatment of Thyrotoxicosis. New England Journal of Medicine, 229, 97, (July 15) 1943.
4. MacKenzie, C. G., and MacKenzie, Julia B.: Effect of Sulfonamides and Thioureas on the Thyroid Gland and Basal Metaholism. Endocrinology, 32; 185, (February) 1943.
5. Astwood, E. B.: Treatment of Hyperthyroidism with Thiourea and Thiouracil. Journal of the American Medical Association, 122; 78, (May 8) 1943.
6. Bartels, Elmer C.: Thiouracil, Its Use in the Preoperative Management of Severe Hyperthyroidism, Preliminary Report. Journal of the American Medical Association, 125; 24, (May 6) 1944.

DENTISTS AND PHYSICIANS

Practitioners in our sister profession, dentistry, have had a complaint for a long time about their professional relationships with physicians, and it must be confessed that this complaint is too often justified. As an example, in a dental publication recently a young practitioner wrote of an experience he had had. It seems that his examination of the mouth of a woman patient convinced him that she badly needed medical treatment before receiving her dentistry and advised her to consult her physician. A long time elapsed without any further word of the patient and the dentist finally called the physician on the telephone for a report. According to the published letter he was brushed off with virtually no information and the patient never returned.

Dental friends have told the writer on numerous occasions of patients sent to them by physicians with instructions to extract all the teeth for supposed focal infection. When the physician is informed that most or all of the teeth are sound he is quite apt to become highly indignant at the questioning of his judgment.

Such an attitude, of course, is all wrong. Dentists are highly trained in what is, in effect, a medical specialty. It is reasonable to suppose that they know far more about dentistry than any physician who is not also a dentist. Their considered judgment on whether a tooth is to be extracted or should remain, for example, deserves precedence over the snap opinion of a physician. It is true that there are a few dentists who are no more than "tooth carpenters", just as there are a few physicians who do not deserve the title, but the great majority of dentists, like the great majority of physicians, are competent men and women thoroughly conversant with the latest scientific advancement.

Great strides have been made in recent years toward bringing the two sister professions into closer relationship, but even closer ties are possible and desirable. The aims of both are the same, the promotion of health, and they will be affected equally by threatened legislation for socialized medicine. Let every physician drop any false feeling of superiority he may have and dentistry, medicine, and the public will all profit.—F. C. S., Philadelphia Medicine, Vol. 39, No. 51, p. 1489.

REPORT OF 17 CASES OF POSTERIOR BONE BLOCK FOR DROP-FOOT SEEN AND TREATED AT THE NEW JERSEY ORTHOPAEDIC HOSPITAL, ORANGE, N. J.*

FROM 1933 TO 1943

Paul C. Wiesenfeld, M.D., Orange, N. J.

Drop-foot is a condition which follows poliomyelitis most frequently, but, which also has occurred following injury to or compression of the common peroneal (external popliteal) nerve as it winds around the neck of the fibula.

The so-called "flail foot" is the result of a complete paralysis of the muscles of the foot. Observing such a person walk, we would see that he has to raise the affected leg higher to clear the foot, and as the foot is raised the anterior part drops into equinus due to the lack of muscle power and the pull of gravity. From behind, we would be viewing the plantar surface with each step. With locomotion the person uses a peculiar jerk in order to swing the foot, otherwise he may catch the forefoot on a ridge or irregularity in the ground. In passing, it is worth noting that if the quadriceps is also affected with subsequent impairment of knee extension and an accompanying taut tendo-Achilles some degree of stability is given to the knee by a slight foot-drop. This is so, because, as the foot is put on the ground and fixed it will act as a central point on which the knee can lock itself in extension. Accompanying the equinus deformity of the foot there is usually found a lateral deformity—more will be said of this later.

In the other type of drop-foot we have a powerful tendo-Achilles which is not balanced by the anterior muscles. The cause of such a lesion may be the paralysis of the common peroneal nerve or infantile paralysis with affection of the anterior foot muscles.

In the former case, conservative measures (e. g. right angle splint, toe raising spring, massage and galvanism), that is, of course, in cases where we exclude a definite break in continuity of the nerve, should be kept up for a period of at least 18 months before surgery is contemplated. However, if a case of this sort does come to surgery posterior bone block operation gives gratifying results.

In this series, the indication in all the cases was a flail foot following poliomyelitis with lack of almost all muscle power in the foot.

Poor results in this type of operation are usually the sequellae of errors in technique. The principle of treatment is not the obliteration, but the restriction of movement at the ankle joint. Thus in cases where there has been too much of a block with subsequent over-limitation of motion or its converse where there has been an inadequate block and a pronounced equinus remains, a poor result follows. In these cases further surgery may be required.

To return to the question of lateral deformity of the foot—many orthopedic surgeons feel that a stabilization operation is often sufficient to overcome a great deal of the equinus. A stabilizing operation only corrects the lateral deformity and any release of equinus obtained is secondary and a minor factor. If an accompanying tendo-Achilles lengthening is done, further correction of the equinus factor is obtained, but hardly ever is this sufficient to obliterate the dangle-foot deformity which results following paralysis of the majority of the muscles of a foot.

In all of our cases there had been a previous stabilizing operation—the average time varying between this and the bone block being 3.1 years. In 70.5 per cent of our cases the lengthening of the tendo-Achilles was also found to be necessary, and this was done in the majority of cases at the bone block operation.

The suggestion implied by this is that in cases of even moderate equinus accompanying lateral varus deformity, in order to eliminate the need for surgery at another occasion, would it be wiser to do a simultaneous posterior bony block with the stabilizing operation and ac-

* Grateful acknowledgment for permission to use the material herein, and assistance in preparation to Dr. H. W. Smith, Surgeon-in-Chief, and Dr. Henry Briggs.

companying this with a tendo-Achilles lengthening if necessary? This procedure was done in 11.9 per cent of this series with excellent results.

Also done was a modification suggested by Dr. Briggs of the Campbell operation first described in 1919, wherein the graft used in the block is taken from the posterior tibial surface above the epiphyseal plate and inserted into a prepared bed on the superior surface of the os calcis—this procedure was used in 52.9 per cent of the cases.

The Gill procedure, first described in 1932, where the bony block is taken from the superior part of the os calcis, was used in 35.2 per cent. The average operative age of our patients was 13.2 years, the youngest in the series being 10 years old, the oldest 32 years. The time between the attack of poliomyelitis and the bone block procedure averaged 9.2 years, varying between 4½ years and 17 years. It was very difficult to ascertain an average stay in the hospital for our cases, as 9 of the group had additional surgery while in the hospital. Usually the patients were allowed no weight-bearing for the first six weeks, and by the eighth week restricted motion of the ankle was permitted. Fifteen of our results (88.2 per cent) were considered excellent, as they were symptom free 3 and 4 years post-operatively. This compares favorably with other recent statistics which I might mention—Inclan in 1934 reported 6 cases in which stabilization and posterior bone block operations were done at the same time with good results; also Sorrel's series of 10 cases reported in 1936 of which 8 had combined operation with satisfactory results; Steindler in a series of 32 cases records 84 per cent good results.

Of the two unsatisfactory cases—one a very active, athletic, socially inclined female, found her foot block allowing her 20° of plantar flexion insufficient to wear heels as high as she desired. So a revision of the operation was done 5 months after the original one and another 10° of plantar flexion given her, this has since been satisfactory for her purpose and now 2 years after the last operation the foot has been symptom free.



FIGURE 1

M. M. Female. Age 11. On left, pre-operative x-ray; in center, post-operative (retouched); and on right, 20 months post-operative.



FIGURE 2

W. B. Male. Age 11. On left, post-operative x-ray; on right, showing fracture of bone graft 8 months post-operative.

The other case was one in which the patient developed a severe painful arthritis in his tibio-astragaloid joint 3 years after his bone block. The pain was so persistent and severe that it was found necessary to fuse this joint. It is now 6 years after the last operation and the result has been satisfactory.

In this series with the ankle blocked at 90° we have allowed 5° of motion in 23.9 per cent of cases, 10° in 64.9 per cent and 20° in 11.9 per cent. These figures vary somewhat from the classical ones advised in the textbooks, but nevertheless, have been found satisfactory.

An interesting sidelight in the series was in the case of a patient, who had had a modified Campbell operation at the age of 11 years. Eight months post-operatively, during a routine x-ray check-up, we found a fracture in the bony graft with ¼" of separation between the fragments—this was not accompanied by symptoms. No treatment was given. Subsequent frequent check-ups found no disability, and now, 16 months later, the ankle has remained symptom free.

SUMMARY

1. Seventeen cases of posterior bone block operation are reported for drop-foot deformity with accompanying statistics.

2. Suggestion is made that where lateral (varus) deformity of the foot is accompanied by moderate equinus, it might be advantageous to correct the two deformities by means of a posterior bone block operation at the same time a stabilization procedure is done.

DUSTING POWDER

1. Talcum powder is, under any circumstance, a grave menace in surgery. Once having gained entrance into the animal organism, this powder sets up a reactionary, productive inflammation that is permanent and progressive and that may be provocative of almost insuperable complications. Furthermore, postoperative residual talcum has been demonstrated by one investigator in various intra-abdominal viscera in 80 per cent of patients he examined.

2. It is certain that even meticulous care in washing off the surface of rubber gloves before operating does not guarantee against contamination of the operative field with talc.

3. The difficulty in substituting for talc lies in the fact that an insoluble powder like talc (hydrous magnesium silicate) sets up a granulomatous foreign body reaction, whereas a soluble dusting powder dissolves during the process of sterilization of the gloves, rendering them adherent and thus difficult or impossible to put on. Dry sterilization of the gloves might be regarded as a solution of this difficulty, but it does not meet the rigid requirements of aseptic surgery and is highly destructive to the life of the gloves. Boiled gloves are sloppy and generally undesirable.

4. Potassium bitartrate meets the physical requirements imposed by steam sterilization. It is readily and harmlessly disposed of by the body tissues and fluids. It causes no consequent peritoneal adhesions. Since, therefore, there are no demonstrable risks attendant on its use, it may be recommended as a substitute for talc in powdering rubber gloves. We have received no complaints regarding undesirable skin effects.

5. Potassium bitartrate possesses a certain degree of bacteriostasis for the colon bacillus and Staphylococcus aureus.

6. It is important that in the process of sterilization the potassium bitartrate should be subjected only to the now standard and accepted technic for sterilizing rubber gloves, namely fifteen minutes of autoclaving under 15 pounds of steam presure.

Note.—Since this paper was submitted for publication, we have received reports indicating that potassium bitartrate tends to shorten the life of rubber gloves. On making tests, we found that tartrated gloves would stand from seven to ten separate sterilizations, whereas talcum powdering permitted from twelve to twenty sterilizations (pure rubber gloves). We feel that this comparatively insignificant economic factor should not be permitted to weigh against the grave disadvantages attributable to the use of talcum, which raises both postoperative morbidity and mortality rates.—Seelig et al., J. A. M. A., Vol. 123, No. 15, p. 954.

NEWARK BETH ISRAEL HOSPITAL TUMOR CONFERENCE *

APRIL 5, 1944

Max Singer, M.D., Newark, Chairman

Acute Wound Cancer of the Nose

Dr. L. J. Levinson

J. H., fifty-year-old male. In November, 1940, he burned his nose on a hot manifold. A chronic ulcer resulted. One year later, November, 1941, he was admitted for plastic surgery with a diagnosis of thermic ulcer. This ulcer was excised and a full thickness postauricular graft applied.

Several months after this plastic operation the ulceration recurred and gradually progressed. By October, 1942, the distal two-thirds of the nose showed multiple ulcerations and numerous firm nodules invading the skin. Biopsy performed at that time was reported as Basal Cell Carcinoma.

Contact x-ray therapy was then utilized. The lesion was divided into small fields of 1 and 2 cm. diameter and total doses of 10,000 r were administered to each field. The reaction from the roentgen therapy was completely healed in February, 1943. At present there is an excellent cosmetic result and the former skin graft is plainly visible.

DISCUSSION

Dr. M. Danzis

In 1938 we reported from this Tumor Clinic a group of carcinomas developing on extensive scars. However, these were squamous cell carcinomas developing as a result of the degeneration of burn scars from ten to twenty years following the original injuries. These skin cancers were best treated by wide excision and plastic surgery. In some instances, when this was not possible, amputations were performed.

Dr. N. Heller

This case presentation stresses the importance of early biopsy in suspicious skin lesions. Dr. Levinson has obtained an excellent result by means of contact x-ray therapy, but other modalities such as surgery or electro-cautery can be equally successful if adequately used.

Dr. L. J. Levinson

Acute wound carcinomas generally develop within one year of the date of injury and may occur in instances of superficial burns with little surface involvement. Where the burn is sufficiently superficial to spare the hair follicles, the resulting carcinoma may be of the basal cell type.

Combined Surgical and Radiation Treatment of Cancer of the Ovary

Dr. J. Huberman

Malignant neoplasms of the ovary present many interesting problems, and books have been written on the etiology, diagnosis, and therapy. Dr. Singer has asked me to spend about five minutes on the subject, and you can readily see how superficial my presentation will have to be.

Dr. Levinson, in April, 1942, collected a group of thirty cases from the Tumor Clinic. He chose only those with complete records of treatment and follow-up. In this group of thirty patients, he has been able to trace twelve patients who are living and well without recurrences, from one-half to nine years, following treatment. Four others are alive but with recurrences. The average survival period of the deceased patients following therapy was two years.

The pathologic classification of this series was as follows:

Cystic Tumors:	
Papillary cystadenomata	2
Papillary cystadenocarcinoma	17
Adenocarcinoma originating in cyst	1
Solid Tumors:	
Adenocarcinoma	6
Anaplastic carcinoma	3
Dysgerminoma	1

The most difficult tumors in this group from the viewpoint of pathologic diagnosis and subsequent prognosis are the papillary cystadenomata. Not infrequently, we receive a report from the pathologist of a histologically benign tumor which must be considered as clinically malignant. In referring to these tumors, Novak states that when the tumor is histologically benign the clinical prognosis as a rule is good. These tumors are divided into two types. First, the pseudomucinous, which may assume huge proportions and are characterized by a columnar type of epithelium lining the walls of the cysts. This epithelium resembles intestinal epithelium. Novak reports that about five per cent of these cystic tumors develop adenocarcinoma. The second type is the more com-

* Presented before the Clinical Society of the Newark Beth Israel Hospital by members of the Cancer Clinic as part of the program for Cancer Month.

mon serous cystadenomata. These are considered by some authors as the precursor of the more malignant tumors, the papillary cystadenocarcinomas.

Histologically, these tumors originate from the germinal epithelium. They are frequently bilateral and spread to the peritoneum and adjacent organs by transplantation. At times they assume such massive proportions and involve the peritoneum to such an extent that the surgeon is faced with an inoperable and apparently hopeless case of cancer. Nevertheless, they are relatively benign and there are numerous reports in the literature of cures after only partial removal.

Next in the scale of malignancy of cystic tumors of the ovary are the papillary cystadenocarcinomas. This was the most frequent type of ovarian cancer we encountered. They composed about 56 per cent of our series. Some authors are of the opinion that they originate from the papillary cystadenomata just described.

The average age at which these tumors occurred was between forty-five and fifty-five years. The chief symptoms at the time of admission were ascites, pain in the lower abdomen, and in one-third of the patients, irregular menstrual bleeding. Not infrequently, a clinical diagnosis of fibroids was noted. In two of these patients, a preliminary dilatation and curettage revealed a Swiss cheese type of endometrium. About 50 per cent of these patients had bilateral involvement at the time of operation. Some difference of opinion exists as to the cause of this. Certain authors consider this bilateral involvement as the result of multicentric foci of cancer originating indepenpently in both ovaries. Others, as due to retrograde lymphatic extension. Whatever the cause, it is dangerous to leave behind an apparently grossly normal ovary when the opposite ovary is carcinomatous. Norris has shown that over 17 per cent of these ovaries show cancer cell nests on microscopic examination.

Crossen advocates the following clinical classification for these tumors as an aid in prognosis and therapy:

Group I—Where the tumor can be completely removed.

Group II—Where the tumor can be completely removed, but there is extension to an adjacent organ.

Group III—Where the tumor is incompletely removable.

Group IV—Where the tumor cannot be removed and only a biopsy can be taken.

Adequate treatment of these tumors at present consists of a panhysterectomy whenever possible, followed by intensive x-ray therapy. Best results are obtained when x-ray therapy is pushed to the limit of the patient's tolerance. In the inoperable cases, the abdomen is closed after a biopsy has been obtained and x-ray therapy is started as soon as possible. If the tumor responds to radiation, another laparotomy is recommended for the excision of the residual mass. Later another series of x-ray therapy may be given.

Case Report

A 21-year-old white female was admitted October, 1939, with a diagnosis of "dermoid cyst" of the ovary. Five weeks before admission, she had an attack of "renal colic", the pain radiating from the left flank to the left lower abdomen. At the time of the attack she had frequency of urination, but no hematuria, burning, or dysuria. An x-ray of the abdomen taken soon afterward for a suspected pelvo-ureteral calculus revealed a mass present in the pelvis. The menstrual history was essentially negative, the periods beginning at 12 years of age, recurring regularly every 28 days, and lasting for five days. There was no meno or metrorrhagia, no leucorrhea, no dysmenorrhea. Last menstrual period had occurred two weeks previously and was the usual type. Family history was negative for malignancy, tuberculosis, and so on.

Examination revealed a well-developed, well-nourished adult female, lying comfortably in bed. Abdominal examination revealed a large mass of firm consistency, slightly tender, occupying the right lower quadrant. Resistance was noted in left lower quadrant but no mass was outlined. No rigidity. Liver and spleen not palpable, inguinal glands were apparently also not palpable. Vaginal examination revealed a firm, non-tender, freely movable cervix. The uterine fundus was found on the left side, apparently displaced by a pelvic mass, palpable in the right fornix.

Positive findings in the laboratory work-up revealed a sedimentation time of 95 mm. at the end of two hours. Dr. Furst's x-ray report was as follows: "There is evidence of a soft tissue mass in the pelvis. Two irregular areas of calcification are noted. One is in the lower left aspect of the pelvis, the second is in the right lower quadrant of the abdomen."

On October 12, 1939, she was explored and the lower pelvis was filled with papillary ovarian masses and peritoneal transplants. As much of both ovarian masses as was possible was removed by me, and she was referred for post-operative radiation as soon as the wound healed. The pathological report was papillary cystadenocarcinoma with psammoma bodies and peritoneal extension. Treatment consisted of two courses of x-ray therapy given six months apart, directed to the entire abdomen, which was divided into eight portals. First series, 2000 r to each of eight portals; second series, 1500 r to each of four pelvic portals.

At her last examination, January 14, 1942, she had gained 37 pounds since operation. There was no evidence of recurrence.

DISCUSSION

DR. L. GOLDMAN

The relatively benign character of these tumors and their peculiar type of implantation metastasis have been well known for many years. There is some reason to believe that in some instances the removal of the primary tumor is followed by a regression of the peritoneal metastasis. Nevertheless, complete removal of the pelvic organs should be performed.

DR. C. M. ROBBINS

The prognosis in many of these carcinomas of the ovary, especially the papillary forms, is difficult to evaluate. We sometimes get excellent results and prolonged survivals after incomplete surgical eradication of the tumor, followed by intensive roentgen therapy.

DR. L. J. LEVINSON

The type of calcification noted on x-ray studies of the papillary cyst adenomas is pathognomonic. The calcification is of a floccular nature and dispersed over a wide area of the pelvis. This was pointed out by Lingley in an article published in the American Journal of Roentgenology in 1942.

One must be very careful in using the term cure in these cases. All we can say at present is that the tumor is arrested. We have seen these tumors recur after a quiescent period of more than four years.

DR. HUBERMAN

In the discussion I would like to touch upon certain points that may be of clinical significance.

The age of the patient, 26, although distinctly out of the usual 45-55 class, is not unique; a survey of the literature reveals others in the third decade.

The coexistence of ovarian and uterine adenocarcinoma is not infrequent. The primary focus may be either. In carcinoma of the ovary, the serosa of the uterus may be involved by direct extension or, more commonly, by extension through the lymphatics. We have had two such cases in our series.

The presence of calcifications in an ovarian neoplasm is of clinical interest only in that differentiation must be made from a calcium containing teratoma, such as a dermoid. You will remember this was the admitting diagnosis in the case presented. It is doubted whether there is further clinical significance. Calcification is not infrequently a common regressive phenomenon in senile ovaries as the end result of inflammations. Following degeneration of neoplasms, hyalinization and later calcification may occur, either completely or in isolated areas. These latter are often termed psammoma bodies.

On the question of therapy, once again it has been shown that for the vast majority of cases regardless of how hopeless the condition appears to be, exploratory laparotomy is indicated. There is some evidence that merely opening the abdomen and removing a section of the mass for biopsy has resulted in an amelioration if not a distinct improvement in the status. If at all possible, the primary pelvic neoplasm should be removed and if technically possible a pan-hysterectomy and bilateral salpingo-oöphrectomy is the procedure of choice. In the case presented, because of the extensive pelvic adhesions, it was only possible to remove the ovaries, the uterus and tubes necessarily being left in situ.

The question of removing a grossly normal ovary in unilateral involvement has been the subject of discussion. Because of the high incidence of bilateral involvement, 50-60 per cent, and because new growths have arisen in ovaries containing malignant foci too small to detect at the operating table, it is probably wise to remove the second ovary.

As was mentioned earlier in this paper, roentgen irradiation following surgery is indicated. It has some distinct value in the prevention of recurrences. It has proven a valuable palliative measure in inoperable cases. While papillary cystadenocarcinoma is not particularly radiosensitive, radiotherapy may nevertheless be useful for early metastasis. The literature reveals several five-year cures in inoperable cases subject to irradiation.

CARCINOMA OF THYROID

Dr. H. Comando

N. J. Age 19. Admitted February 8, 1938. Chief complaints were mass in neck, difficulty in swallowing and loss of weight. Illness started two years ago. At that time she complained of nervousness, palpitation and hot flashes. Her basal metabolic rate was plus 5 per cent. She was told that she had a non-toxic goiter, after observation at a New York hospital.

About four months ago she had a normal delivery. Following childbirth her symptoms were markedly aggravated.

On admission to the hospital, February 2, 1938, blood pressure was 120/80. Pulse rate 84 per min. There was a firm enlargement of the right lobe of the thyroid and the trachea was pushed slightly to the left. Dr. N. Zvaifler examined the larynx and reported normal motion of the vocal cords.

At operation on February 9, 1938, a growth the size of a walnut was located in the lower pole of the right lobe of the thyroid firmly attached to the trachea. Sections of this tumor studied by Dr. W. Antopol were reported as papillary adenocarcinoma of the thyroid.

Three weeks following this operation the patient was referred to the Radiation Therapy Department where she received intensive postoperative roentgen therapy.

DISCUSSION

DR. L. GOLDMAN

Very frequently the gross appearance of adherence to surrounding structures, as Dr. Comando has pointed out, is of greater diagnostic significance than is the usually more difficult histological differ-

entiation. At times the appearance of metastatic nodules in the lung fields are the first indication of malignancy.

Dr. A. B. Abrams

The development of cancer in thyroid adenoma has been frequently reported. Thyroid adenomas should be surgically excised as soon as the diagnosis is established.

Dr. H. Comando

This patient is well at present and has no evidence of local recurrence or metastasis. At the time of operation we were under the impression that we were excising a benign adenoma though the dense adhesions encountered should have suggested the possibility of carcinoma.

Unusual Case of Hodgkin's Disease

Dr. H. Goldberg

A. F. Age 43. Admitted to the Medical Service January 24, 1944, with a tentative diagnosis of rheumatic fever. There was a history of progressive weight loss, migratory arthralgias and persistent fever. The physical examination was essentially negative except for some resistance in the right upper quadrant and palpable left supraclavicular nodes. The temperature curve was irregular, varying between 100° and 103° F. with a spike to 104.8° at one time.

Roentgen examination showed cholelithiasis and a pathological gall-bladder. Chest, thoracic spine, lumbar spine and pelvis were negative.

Laboratory Examination

Blood Count:	Hemoglobin	89%	
	Red Blood Cells		4,440,000
	White Blood Cells		10,350
	Polynuclears	68%	
	Lymphocytes	23%	
	Endothelial Cells	8%	
	Stabs	1%	

Kline—4 plus on repeated tests

Repeated blood cultures were sterile. Widal tests and stool examinations for Salmonella and Brucella were negative. The serum alkaline phosphatase was 13.7 units.

Sedimentation Test: 1st hour ..... 115 mm.
2nd hour ..... 124 mm.

On January 28, 1944, Dr. Max Singer resected a gland from the left supraclavicular area for biopsy. This was reported by Dr. Lester Goldman as Hodgkin's disease. When the febrile reaction subsided small doses of roentgen therapy were administered cautiously to the cervical, mediastinal and abdominal areas. The patient rapidly improved and the complaints of pains across the chest, shoulders and legs disappeared. He is, at this date, April 5, still receiving roentgen therapy; is back at work, feels very well and has regained about 25 pounds of his weight loss.

DISCUSSION

Dr. Louis J. Levinson

This was a fulminating type of Hodgkin's disease with retroperitoneal lymph node involvement. The pain in back and chest was probably due to toxic manifestations rather than to actual bone invasion. His well-being at present may be attributed to a remission of the acute phase of this disease rather than to the therapy administered.

Reticulum Cell Sarcoma of Eyelids

Presented by Dr. Schulsinger for Dr. Rados

A. L. Age 29. His illness dates back to March, 1943. At that time he first complained of a foreign body in the left eye. In July, 1943, Dr. Rados and I first examined this patient and found a granulomatous tumor involving the upper and lower lids of the left eye.

Laboratory studies showed the following:

Frei Test—Negative
Mantoux Test—Negative
Wassermann—Negative
Blood count—Not significant

A biopsy of the granulomatous tissue was performed during August, 1943. There was some question as to the exact nature of this tumor. The differential diagnosis was between a reticulum cell sarcoma and a melano sarcoma, non-pigmented.

Shortly after this biopsy the left preauricular nodes became involved. In November, 1943, he was referred to the Radiation Therapy Department with the diagnosis of reticulum cell sarcoma of the eyelids. At that time both lids were markedly swollen and erythematous. The conjunctivae of the lower and upper lids were involved by a fleshy papillary granulomatous mass.

From November 1, 1943, to December 3, 1943 2000 r were administered to the left eye and left preauricular lymph nodes. The lesion was only moderately radio-sensitive and on March 13, 1944, he was referred for additional roentgen therapy. The granulomatous tissue has been gradually diminishing in size and the lower lid appears almost normal. The upper lid still shows some residuum of the tumor.

However, at this time, he commenced to complain of persistent severe pain in lower back. X-ray examination of the spine in March, 1944, was negative.

DISCUSSION

Dr. L. J. Levinson

Because of the severe pain in the back we must consider the possibility of metastasis to the vertebra or the spinal cord even though the x-rays do not, at present, show definite evidence of bone involvement.

SECONDARY POSTOPERATIVE MEGACOLON AFTER MULTIPLE RESECTIONS OF THE LARGE INTESTINE

By ABRAHAM O. WILENSKY, M.D., New York

The following case is unique in my experience and I have not been able to find any reference to similar late complications in the literature.

In March, 1926, this patient, then in the fourth decade of life, had a resection of the sigmoid done. In April, 1928, a resection of the middle portion of the rectum was done. In January, 1929, an ileo-cecal resection was done. Each resection was done in continuity, with immediate restoration of the continuity of the bowel by end-to-end suture. Each resection was done for carcinoma. All of the tumors were histologically similar adeno-carcinomata; each tumor had the gross appearance of a primary intestinal growth of this type; and in each there was no macroscopic or microscopic neoplastic glandular involvement although enlarged glands due to inflammatory change were present. After each of the operations there was an uneventful convalescence with very prompt healing and with a minimum of hospitalization.

Between each of these episodes the man was in apparently good health and there were few or no symptoms. The rectal tumor was discovered as a non-symptomatic lesion during the course of one of his regular follow-up visits. The ileo-cecal tumor caused a moderate amount of discomfort which called attention to this part of the intestinal tract. Since 1929 the patient was followed regularly. His general health was excellent and his body functions were carried out in the most normal way and without symptoms or discomfort. This was especially true as far as the intestinal functions were concerned.

In June, 1942, he developed some indefinite abdominal complaints. The physical examination revealed no intra-abdominal abnormality and a gastro-intestinal series was to all intents normal.

In February, 1943, the patient, while vacationing in Florida, began to complain of increasing abdominal cramps, constipation, nausea, vomiting and enlargement of the abdomen. The local physician assumed that a mechanical ileus was present, and in view of the history, took it for granted that it was due to a recurrence of the previous malignancy. When immediate operation was proposed, in the first week of March, because the symptoms, signs and general physical deterioration of the patient had advanced considerably, the patient left and returned to the city.

When admitted to the hospital on March 11, 1943, the general condition of the patient was still fairly good. He was very much emaciated (probably due to lack of food and to vomiting). The abdomen was distended and a very large loop of gut could be distinguished in the left side of the abdomen. Rectal examination showed a moderate amount of rigidity in the pelvic floor but no malignancy could be distinguished. The rectum was full of feces in spite of the fact, according to the patient's statement, that his bowels had moved daily and that he had passed flatus fairly freely.

Roentgenographic examination (Borrelli) showed that "the colon is extremely dilated with gas and showed several fluid levels in the erect position. There is diffuse mottling throughout the left half of the abdomen, probably due to a large amount of fecal material admixed with gas. There appears to be some wedging of the bodies of the lower dorsal vertebrae. The remainder of the vertebrae shows some proliferative changes." (Borrelli.)

The picture seemed that of some form of megacolon and it was decided to follow a conservative form of treatment. Following a high compound enema and colonic irrigation preceded by an injection of prostigmin, a large amount of gas and solid stool was evacuated. This was repeated daily under constant radiographic control with progressively good results both symptomatically and objectively.

By March 15, 1943, the bowel had been completely emptied of stool as was shown in the x-ray observations. An extremely large loop of bowel was now visible in the flat plates occupying the entire left half of the abdomen.

On March 16, 1943, an examination of the colon was made by means of a barium enema. "A large amount of gas is still present in the colon. The opaque material, however, flowed readily, filling the colon as far as the right ileo-colostomy. The terminal ileum and large intestine were markedly dilated. There were numerous redundant loops of the colon.

"The film made after evacuation showed a marked residual with evidence of colonic stasis. There is a narrowing of the rectal ampulla with a slight stricture formation which is probably the cause of the dilatation above.

"Twenty-four hours after the enema there is a moderate amount of barium still present in the colon showing the presence of colonic stasis. The narrowing in the region of the rectal ampulla is present as previously reported.

"Conclusions: Marked narrowing in the region of the rectal ampulla. Non-visualization of the cecum and a portion of the ascending colon (had been previously resected). Marked redundancy with marked dilatation of the large intestine. Dilatation of the terminal ileum proximal to the ileo-colostomy. Marked colonic stasis." (Borrelli.)

In November, 1943, the patient returned for his follow-up examination. The barium enema, at this time, showed "Slight narrowing and fixation of the recto-sigmoid. No evidence of malignancy is observed. Megacolon with marked colonic stasis." (Borrelli.)

DISCUSSION

Some of the cases reported are termed "megacolon", but it appears from the record that they are unusual exaggerations of the ordinary forms of chronic dilatation of the large intestine proximal to a definitely obstructing lesion, usually a carcinoma.

The conception that the mega syndromes must be considered as a general disease, the anatomical basis of which is a neuropathy of the vegetative nervous system, does not hold good in the case reported herewith in which the multiple local origin of the abnormality must be undoubted. Nevertheless this need not necessarily contradict the usually accepted mechanism of the production and development of this abnormality as one which acts along the sympathetic and parasympathetic nerves eventually supplying the musculature of the intestine. In the case reported herewith, this mechanism has apparently resulted from operative division of the same nerve pathways.

SUMMARY

A case is herewith reported of a post-operative secondary megacolon which occurred subsequent to multiple resections of segments of the large intestine made over a period of three years prior to 17 years ago. The patient is otherwise in good health.

12 East 87th Street, New York

FALCIPARUM MALARIA

Physicians throughout the United States may be confronted with the diagnosis and treatment of civilians recently returned from the tropics. Unless malaria is considered as a possibility in every case no matter what the symptoms, the disease may be overlooked and may progress to a point at which treatment is of no avail.

Every patient returning from the tropics should have a thick and thin bood smear examined for malarial parasites, and if negative this should be repeated every twelve to twenty-four hours until malaria is confirmed or excluded.

If the diagnosis of malaria is not made but the condition of the patient progresses unfavorably, specific treatment for malaria should be instituted. Such treatment should not interfere with other diagnostic procedures, cannot hurt the patient and may prevent fatalities. Search for parasites should be continued.

The clinical manifestations of falciparum malaria may not follow any given pattern. The symptoms of onset are most frequently mistaken for infections of the upper respiratory tract and various gastrointestinal disorders. Severe vomiting or diarrhea and signs or symptoms of cerebral involvement require intensive parenteral treatment.

Atabrine by mouth is recommended in all uncomplicated falciparum infections.

In cases of severe parasitemia or evidence of visceral localization, atabrine should be given intramuscularly or quinine intravenously. Such treatment must be started early and continued with intensity until there is sufficient clinical improvement to warrant changing to treatment by mouth.

In coma or predominant cerebral localization, quinine dihydrochloride should be given intravenously every four hours with dextrose solution and isotonic solution of sodium chloride. Spinal drainage may be useful in restoring consciousness. Nicotinic acid intravenously is recommended to produce dilatation of cerebral capillaries.

Only serious consideration of the possibility of malaria in illnesses occurring among patients with a history of recent residence or travel in the tropics and early intensive treatment will prevent serious complications and fatalities.

Passengers and crew members of all airplanes returning from malarious regions should be warned to obtain a blood examination for malaria at the onset of any illness.—Most and Meleney, J. A. M. A., Vol. 124, No. 2, p. 71.

STATE ACTIVITIES

NUTRITION IN EVERYDAY PRACTICE

S. William Kalb, M.D., Newark, N. J.
Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. *What is the value of acidophilus milk, and is it more nutritious than whole milk?* It is used to overcome putrefactive bacteria in the intestinal tract. It has the same nutritive value as the milk from which it was made.
2. *Is sour cream fattening?* One tablespoonful of sour cream (heavy) has 56 calories. A tablespoonful of whipped cream has 46 calories. Judge for yourself.
3. *Can you name some injections that are used for reducing in obesity?* There are no injections on the market which will remove fat per se nor which will stimulate heat production sufficiently to remove fat from the body.
4. *Is roe nutritious?* Roe are fish eggs and they are a good source for protein, fat, and vitamin A. Caviar, which is the roe of sturgeon, is rich in vitamin D.
5. *What is vitellin?* This is the chief protein of egg yolk. It is a complex substance which can be extracted from egg yolk and contains protein and phosphoric acid.
6. *What is the normal calcium requirement and how is it best supplied?* In pregnant women 1.5 gms. of calcium (40 ounces of milk) daily. Growing children 1 gm. (30 ounces of milk). The normal adult should take 0.6 gms. of calcium for an adequate daily intake. In normal nutrition calcium, phosphorus and vitamin D are inseparably associated. Hence, cod-liver oil, viosterol, or oleum percomorphum should be given in addition to the milk. Calcium Chloride may be given to those who do not or can not drink any milk. Seventy-five grains of Calcium Chloride provide 1 gram of calcium.
7. *What is the first sign of vitamin B deficiency?* Loss of appetite.
8. *What are the results of a diet deficient in protein?* Lowered vitality, nutritional edema, nutritional anemia, poor physique, low basal metabolic rate, and retarded growth of the long bones.
9. *Which vitamin is used in the treatment of gingivitis?* Ascorbic Acid 75 to 100 mg. daily in adults.
10. *What is the food value of Gelatin?* Gelatin itself is lacking in food value. It is used, however, as a vehicle to carry other foods. It lacks tyrosin and tryptophane, without which it cannot perform all the functions of a true protein.

PHYSICIANS HONOR DR. M. A. SHANGLE

Dr. Milton A. Shangle of 34 Prince Street, Elizabeth, was honored at a testimonial dinner at the Winfield Scott Hotel, Elizabeth, marking his promotion to the post of Senior Attending Surgeon at the Elizabeth General Hospital. More than fifty members of the medical profession in Elizabeth and vicinity attended, the majority being members of the hospital's staff.

Dr. Shangle, who came to Elizabeth in 1901, has served the hospital successively as intern, dispensary physician, assistant surgeon, gynecologist, obstetrician and surgeon. In becoming a senior attending surgeon he relinquishes his active post as President of the Medical Board and Chief of Staff. His successor has not yet been named.

Dr. Charles H. Schlichter, former President of the Medical Board, and also Senior Attending Ophthalmologist at the Elizabeth General, presented to Dr. Shangle from his fellow Medical Board members a portrait of Dr. Shangle painted by Maxwell Stewart Simpson, Elizabeth artist.

A Surprise Gift

The portrait, a surprise gift, was copied from a photograph supplied Mr. Simpson by members of Dr. Shangle's family, who also furnished advice on coloring. Mr. Simpson was further aided in his work by a meeting with his subject, secretly arranged by the family. The artist was introduced to Dr. Shangle, apparently by coincidence, at the Elizabeth General Hospital.

In presenting the portrait, Dr. Schlichter praised what he said was Dr. Shangle's humane attitude toward his work, describing him as being not only a technician, but a "friend and physician in the truest sense of the word".

Similar tribute was expressed in an original poem by Dr. Michael Vinciguerra, an associate of Dr. Shangle for thirty years. Eleven stanzas long, the poem traced the physician's early career to his promotion and exhorted him to "live on, carry on your mission humane".

Dr. Z. L. Griesemer, Vice-President of the Medical Board, was toastmaster. Other speakers, who also paid tribute to Dr. Shangle's devotion to his duties, were W. Malcolm MacLeod, Hospital Superintendent; Frank A. English, President of the Board of Managers, and Clayton B. Jones, former President of the Board of Managers.

Committee Members

Dr. Christopher A. Brokaw was chairman of the dinner committee, and working with him were Dr. Emil Stein, Dr. William Wuester, Dr. A. R. Casilli, Dr. George W. Horre and Dr. R. M. Nittoli.

The others present included: Dr. George T. Banker, Dr. Isadore Stein, Dr. Austin Vogel, Dr. Jack Blumberg, Dr. John Frank, Dr. Ray Osmun, Dr. Irving Lerman, Dr. Jacob Reiner, Dr. Harry Bloch, Dr. Lawrence Beisler, Dr. Victor L. C. duBusc, Dr. H. R. Livengood, Dr. Rowland Blythe, Dr. Julius Gerendasy, Dr. Frank Williams, Dr. Otto Wagner.

Dr. Walter H. Cole, Jr., Dr. P. L. Hipple, Dr. George Ladas, Dr. Beatrice Prazak, Dr. Sherwin L. Haseltine, Dr. D. V. Vitale, Dr. Albert Whitken, Dr. Walter Phelan, Dr. Martin Stein, Dr. Hilde Baruch, Dr. Carl G. Kapp, Dr. Harold Goldfield, Dr. Moe B. Radding, Dr. Joseph Labow, Dr. Frances Arthur, Dr. William C. Meinecke.

Dr. Russell A. Shirrefs, Dr. Albert Lewis, Dr. Max Greenberg, Dr. R. J. Holland, Dr. Herschel Murphy, Dr. John Reynolds, Dr. Seymour Deehl, Dr. Bella Singer, Dr. S. F. Wade, Dr. Herman H. Zeitlin.

Dr. R. G. Birrell, Dr. L. H. Crabtree, Dr. Meyer Weissman, Dr. Michael Fiedler, Dr. H. M. Glasston, Dr. George Knauer, Dr. Joseph E. Franklin, Dr. F. H. Brown, Jr., Dr. Edward Kuchlewski, Dr. Edgar Oppenheimer, of New York City, Consultant Physician at the Elizabeth General Hospital, and Dr. Vinciguerra's nephew, Maj. Fred Senerchia, an army physician, home on furlough.

Born in Roselle

Dr. Shangle, who was born in Roselle, was graduated in 1900 from the College of Physicians and Surgeons, Columbia University. He was one of the early Fellows of the American College of Surgeons, and is a Past President of the Society of Surgeons of New Jersey; the Clinical Society of the Elizabeth General Hospital, and Union County Medical Society. He also is a member of The Medical Society of New Jersey and the American Medical Association, and a diplomate of the American Board of Surgery.

Dr. Schlichter, who was first affiliated with the Elizabeth General Hospital in 1897, is dean of the senior group of physicians at the hospital, which Dr. Shangle has now joined. The other senior physicians there are Dr. Wagner and Dr. Livengood.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

CORRECTION OF ERROR

Attention is invited to the July issue of *The Journal*, page 289, "Glasser, Capt. Benjamin F. (Plainfield), and Richlin, Capt. Padie (New Brunswick). Scrape method of skin grafting, Am. J. Surgery, 64:1, 131, April 1944."

The quotation is entirely correct except that it should read New Brunswick after Capt. Glasser's name.

BERNHARD, MAJ. WILLIAM G. (Newark) (with Capt. Arthur C. Jordon)
Purpuric lesions in meningococcic infections, diagnosis from smears and cultures of the purpuric lesions. J. Lab. & Clin. Med. 29: 273-281, March 1944

CORDERY, DELLA L., and WHEALDON, ROWAN (Newark)
Industrial nutrition committee. J. M. Soc. New Jersey 41: 317-18, Aug. 1944

DWYER, WM. A. (Paterson)
Sarcoma botryoides. Am. J. Obst. & Gynec. 48: 119-124, July 1944

EADIE, GORDON A. (Linden)
Neuropsychiatric aspects. Paper read at the 29th annual meeting of the American Association of Industrial Physicians and Surgeons, St. Louis, May 11, 1944. Indus. Med. 13: 533-535, July 1944

EPSTEIN, JEANNE A.; FOLEY, E. J., and LEE, S. W. (New Brunswick)
Effect of penicillin on experimental streptococcus, pneumococcus and staphylococcus infections of the egg embryo. J. Bact. 47: 573-74, June 1944

FINKLER, RITA S. (Newark)
Zondek's simplified treatment of secondary amenorrhea. Am. J. Obstet. & Gynec. 48: 26-35, July 1944

FOLEY, E. J.—see Epstein, Jeanne A.

GORDON, BENJAMIN L. (Atlantic City)
Ocular tuberculosis: its relation to general tuberculosis. Arch. Ophthal. 31: 541-556, June 1944

HAYHOW, EDGAR C., Ph.D. (Paterson)
Maintaining adequate professional and nonprofessional personnel under wartime conditions. Bull. Amer. Col. Surg. 29: 218-220, June 1944

HAZARD, W. G. (Trenton)
State's responsibilities. Indus. Med. 13: 577-578, July 1944

JAECKLE, CHARLES E. (South Orange)
Practicability of use of contact lenses at low atmospheric pressures. Arch. Ophthal. 31: 326-328 April 1944

JOHNSON, FRANK H. (Princeton)
Observations on the electron microscopy of B Cereus and tyrothricin action. J. Bact. 47: 551 557, June 1944

LEE, S. W.—see Epstein, Jeanne A.

ORTON, HENRY BOYLAN (Newark)
Extralaryngeal surgical approach for arytenoidectomy. Ann. Otol. Rhin. & Laryng. 53: 303-307, June 1944

PARKES, MOREY (Caldwell)
Fractures of the carpal navicular bone without direct trauma. Am. J. Surg. 65: 286-87, Aug. 1944

SHERMAN, ELBERT S. (Newark)
Industrial injuries of the eye. Arch. Ophthal. 32: 33-36, July 1944

SHIPPS, HAMMELL P. (Delanco)
Some aspects of the abortion problem; maternal welfare article No. 86. J. M. Soc. New Jersey 41: 311-315, Aug. 1944

WHEALDON, ROWAN—see Cordery, Della L.

SUPPLEMENTARY LIST OF MEMBERS NO. 4

TO THE OFFICIAL LIST, MARCH, 1944

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Abate, Charles C., 32 Main st., Lodi (2)
Allen, Isaac L., 2601 Palisade av., Union City (9)
Anderson, Ethelyn, 195 Euclid av., Ridgefield P'k(2)
Ashby, Clifford, 59 Evergreen pl., East Orange (7)
Davis, William J., 144 Harrison st., East Orange (7)
Dewis, Edwin G., 21 Westra av., Interlaken (13)
Farley, Raymond F., Clinton (10)
Feldman, Joel, Rumson rd., Rumson (13)
Goldberg, Isidore, 303 N. W'sh'gt'n av.,Dunellen(12)
Goldstein, Edward W., 356 Park av., Paterson (16)
Guidice, Vincent W., Harrison av., Waldwick (2)
Halligan, Harold J., 254 Montgomery st., Jer.City(9)
Hill, John, 511 Cedar av., Allenhurst (13)
Hubach, Maximilian F., Jr., 307 Montgomery st., Bloomfield (7)
Katz, Sidney, ARMY (9)
Lovejoy, James L., 224 Somerset st., BoundBr'k(18)
Lovett, Irving K., 110 E. Front st., Red Bank (13)
Maffongelli, Joseph A., 494 River st., Paterson (16)
Mishler, Jay E., ARMY (1)
Pearson, J. Gerald, 116 Livingston av., New Brunswick (12)
Prout, Charles D., 403 First av., Asbury Park (13)
Reinfeld, Abraham G., 354 Clifton av., Newark (7)
Strong, Alonzo P., 737 Mosswood av., Orange (7)
Swain, Richard D., Jr., 211 Roseville av., Newark(7)
Vilardo, Ross, 109 Marsellus pl., Garfield (2)
Worthington, Joseph A., 609 Fourth av., Bradley Beach (13)

ASSOCIATES

Autorino, Ralph R., 10 Harrison av., Montclair (7)
Bronner, Alfred, 95 Jackson st., Passaic (16)
Gerhenson, Wilbur, 78 Hillman dr., E. Paterson(16)
Walker, Otto, 72 Carteret av., Carteret (13)

COUNTY MEDICAL SOCIETIES OF NEW JERSEY

DATES OF MEETINGS, SEPTEMBER, 1944—JULY, 1945

County	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Atlantic	8	13	10	8	12	9	9	13	11	..	..
Bergen	12	10	14	12	9	13	13	10	8	12	..
Burlington	14	12	9	14	11	8	8	12	10	..	..
Camden	..	3	7	5	2	6	6	3	1	..	..
Cape May	..	10	14	12	9	13	13	10	8	..	..
Cumberland	..	10	..	12	..	13	..	10	..	12	..
Essex	..	12	9	14	11	8	8	12	10	..	..
Gloucester	21	19	16	21	18	15	15	19	17	..	..
Hudson	..	3	7	5	2	6	6	3	1	..	..
Hunterdon	..	24	..	..	23	..	..	24	..	..	24
Mercer	..	11	8	13	10	14	14	11	9	13	..
Middlesex	..	18	15	20	17	21	21	18	16	20	..
Monmouth	27	25	22	27	24	28	28	25	23	27	..
Morris	..	19	..	21	..	..	15	..	..	21	..
Ocean	13	11	8	13	10	14	14	11	9	13	..
Passaic	19	17	21	19	16	20	20	17	15	..	..
Salem	15	20	17	15	19	16	16	20	18	..	..
Somerset	..	12	9	14	11	8	8	12	10	14	..
Sussex	Meets at call of President in Sept., Dec., Feb. and May										
Union	13	..	8	..	10	..	14	11	9	..	..
Warren	..	17	..	..	16	..	..	17	..	..	17

WOMAN'S AUXILIARY

REPORT OF THE 1944 NATIONAL CONVENTION

Mrs. David B. Allman, President

The Twenty-second Annual Meeting of the Woman's Auxiliary to the American Medical Association was held in Chicago from June 12th to June 15th, the Hotel Knickerbocker being the Auxiliary Headquarters.

Your President attended many meetings, for not only was I there in the capacity of a Director, I was also a member of the Nominating, Finance and Constitution Revisions Committees.

The first meeting of the Board of Directors was held on Monday, June 12th. At this meeting only routine business was transacted.

The opening meeting of the House of Delegates of the Woman's Auxiliary took place on Tuesday, June 13th. Mrs. Eben J. Carey, our President, presided. The Pledge of Loyalty to the Woman's Auxiliary was given by Mrs. Frank N. Haggard. Greetings were extended to us by a representative of the Honorable Edward J. Kelly, Mayor of Chicago. The reports of the Officers, Directors and Chairmen of standing committees were presented. These were both interesting and informative. The new Constitution and By-Laws as prepared by the Committee under the chairmanship of Mrs. R. E. Mosiman were discussed in considerable detail. This was the most important business of the meeting.

A luncheon was given in honor of the President, Mrs. Eben J. Carey, on Tuesday, June 13th, in the ballroom of the Hotel Knickerbocker. The guest speaker for this occcasion was Vice-Admiral Ross T. McIntire, Surgeon General of the United States Navy. Dr. McIntire's subject was: "Women and the War".

In the afternoon, the Woman's Auxiliary to the Chicago Medical Society were hostesses to a tea honoring Mrs. Eben J. Carey, President, and Mrs. David W. Thomas, President-Elect, for members of the National Board of Directors and State Delegates.

This closed the activities for the day.

On Wednesday, June 14th, the general session of the House of Delegates of the Woman's Auxiliary was opened by the President, Mrs. Eben J. Carey, one hour prior to the scheduled time, because of the pressure of business. The continued discussion of the new Constitution and By-Laws consumed the entire morning.

At noon, there was a luncheon honoring the Past Presidents of the National Auxiliary. Dr. Herman L. Kretchmer, President-Elect of the American Medical Association, was the guest speaker and Dr. James E. Paullin, President of the A. M. A., and Dr. Morris Fishbein, Editor of the Journal of the A. M. A. and Hygeia, were guests of honor.

At the close of the luncheon, which was most enjoyable, the session reconvened with a continued discussion of the Constitution and By-Laws. They were finally adopted upon a vote of 132 against 49.

Inasmuch as the entire day had been consumed by the prolonged controversy over the new Constitution, the reports of the State Presidents were accepted and filed without being read.

The session closed with the Installation of the new Officers, the presentation of the President's Pin, and the Inaugural Address of our new President, Mrs. David W. Thomas.

I am proud to note and happy to report that New Jersey still holds three places on the National Board. Mrs. J. Howard Hornberger was reëlected Second Vice-President, Mrs. Asher Yaguda was elected as a member of the Nominating Committee and Mrs. Gerald E. McDonnel was again appointed as Chairman of the Finance Committee.

On Thursday morning, June 15th, the new Board of Directors met, with Mrs. Thomas presiding. Following this meeting, the State Presidents were welcomed by our new National President. On this occasion Dr. Rolla K. Packard was the guest speaker.

This function concluded what in my opinion was a most interesting, instructive and enjoyable Annual Meeting.

BOOKS RECEIVED FOR REVIEW

FUNDAMENTALS OF INTERNAL MEDICINE. By Wallace Mason Yater, A.B., M.D., M.S. in (Med.), F.A.C.P. 2d ed. Pp. 1204. N. Y., D. Appleton-Century Company. 1944. $10.00.

METASTASES: Medical and Surgical. By Malford W. Thewlis, M.D. Foreword by Hubert A. Royster, A.B., M.D., F.A.C.S. Pp. 230 with 13 illus. Charlotte, N. C., Charlotte Medical Press. 1944. $5.00.

ART OF ANESTHESIA. By Paluel J. Flagg, M.D. 7th ed. Pp. 519 with 166 illus. Philadelphia, J. B. Lippincott Company. 1944. $6.00.

SIMPLIFIED DIABETIC MANAGEMENT. By Joseph T. Beardwood, Jr., A.B., M.D., F.A.C.P., and Herbert T. Kelly, M.D., F.A.C.P. 4th ed. Pp. 172, illus. Philadelphia, J. B. Lippincott Company. 1944. $1.50.

BOOK REVIEWS

Rehabilitation of the War Injured: A Symposium. Ed. by William Brown Doherty, M.D., and Dagobert D. Runes, Ph.D. Pp. 684. New York, Philosophical Library. 1943. $10.00.

As stated in the title, this very timely volume is a symposium of selected articles from recent literature. The editors have taken from a wide variety of journals, groups of articles by distinguished authors and authorities. The symposium is arranged under five main headings—Neurology and Psychiatry, Reconstructive and Plastic Surgery, Orthopedics, Physiotherapy, Occupational Therapy and Vocational Guidance. It is completed by two articles on the legal aspect of rehabilitation and one on vascular and neurologic lesions in survivors of shipwreck.

The articles are carefully selected, each one being written by an authority in his field. For those who are in service and treating war casualties, this volume will be a valuable reference work. For those who are not in service, there is much that is interesting and a great deal which is of value to the civilian. L. SZERLIP, M.D.

Manual of Fractures: Treatment by External Skeletal Fixation. By C. M. Shaar, M.D., F.A.C.S., and Frank P. Kreuz, Jr., M.D., F.A.C.S. Pp. 300. Philadelphia, W. B. Saunders Company. 1943. $3.00.

The management of many types of fractures by the use of the Stader splint are detailed in this interesting little book. The authors give in considerable detail and in an interesting fashion, the application of this splint in various locations. The method has many advantages, particularly for military use, for transportation thereby is greatly facilitated.

As with all other types of internal fixation, the method is not a panacea. Its use should be limited to those who have special experience and to whom the proper facilities are available.

The manual is worthy of a place on the bookshelves of all orthopedists and others who treat a large number of fractures. L. SZERLIP, M.D.

The Canned Food Reference Manual: Second Edition. A publication of the American Can Company Research Department. Roger H. Lueck, Director. Cloth. Price, no charge. Pp. 552, with illustrations. American Can Company, 230 Park Ave., New York. 1943.

Since canned foods are so universally used in the home and by our armed forces it is important for the physician to have a better knowledge of their value in nutrition.

This book contains chapters on can manufacture and canning technology, modern knowledge of nutrition, dietery inadequacies, recommended dietery practices, the nutritive value of commercially canned foods, facts about commercially canned foods and their containers, public health aspect of canned foods, regulations and laws governing processed or packaged foods.

Many important and valuable tables are included which will be of interest to the doctor. As a handy desk reference, it will enable you to answer many questions which the patients ask.

There is no charge for this book and a copy can be had upon request. S. WILLIAM KALB, M.D.

Functional Disorders of the Foot; Their Diagnosis and Treatment. By Frank D. Dickson, M.D., F.A.C.S., and Rex L. Diveley, A.B., M.D., F.A.C.S. 202 illustrations. 2d ed. Philadelphia, J. B. Lippincott Company. 1944. $5.00.

In this second edition there have been chapters added on the functional disorders of the foot in relation to military service and to industry; two additional operations for the correction of flatfoot, one for correction of hallux valgus and several others dealing with corrections of deformities of the toes. The authors could have omitted the Mayo operation for hallux valgus as this procedure has not given the best results. The chapter on constitutional diseases affecting the foot is very important as it keeps us on the lookout for these conditions.

The same high standard is upheld in this edition as in the first. There are 202 roentgenograms, photographs and drawings which help to clarify the text. TOUFICK NICOLA, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **September, 1944** **No. 9**

THE protection and education of children is universally conceded to be one of the primary functions of the modern state. In the realm of public health, especially that part which concerns itself with the control of tuberculosis, this function has been translated into the well-accepted principle that no person with positive sputum should be allowed to remain in a household where there are children. Too long, however, the danger of tuberculosis among school personnel has been overlooked although the school ranks immediately after the home in importance in the life of a child.

TUBERCULOSIS IN SCHOOLS

The Legislative Assembly of the Province of Quebec on May 17, 1941, unanimously passed an act stating that no person could teach in a public, private or independent school unless he produces every year a physician's certificate stating that he "suffers from no infirmity or disease which renders him unfit for teaching" and "a certificate from a phthisiologist attesting that a clinical and radiological pulmonary examination shows that such person is free from tuberculous disease." Such examination must be made within two months following the engagement. Should any teacher prove to be tuberculous the contract to teach is immediately rescinded.

If Quebec glories in being the first province in Canada to pass such a law it must be admitted that it is the one to need it most—having the highest death rate from tuberculosis among the Canadian provinces. Three factors led to the passage of the law. First, a three-year educational campaign on tuberculosis which reached most of the population; second, a law passed by the city of Quebec requiring all teachers of the School Commission to undergo examination for tuberculosis, including a chest X-ray. Out of 523 teachers examined 16 were withdrawn from teaching because of active or chronic tuberculosis. The third factor was a personal experience published in an educational review which demonstrated mass contamination of pupils by a tuberculous teacher.

The legislation was introduced by the Council of Education of which all the bishops of the Province are members, so the doors of the teaching religious congregations were thrown open.

Difficulties arose in the enforcement of this new law, as was to be expected, but these were overcome as the organization proceeded. In rural districts the expense was borne by the Board of Health, in Montreal the Catholic and Protestant school commissions paid for the X-ray films.

The results of the examination of 16,524 teachers in the Province of Quebec, with the exception of the city of Montreal, are shown in Table I.

TABLE I

Examination of school teachers for tuberculosis All the Province of Quebec except the City of Montreal

Type of teacher	Number of teachers examined	Number of teachers rejected for tuberculosis*	Per cent of total examined rejected for tuberculosis
Total	16,524	212	1.3
Females	13,553	178	1.3
Religious	6,152	115	1.9
Lay	7,401	63	0.9
Males	2,971	34	1.1
Religious	2,155	27	1.3
Lay	816	7	0.9

* Includes some persons with non-active disease and some under observation.

It is apparent that tuberculosis was twice as prevalent among religious teachers as it was among the lay teachers, even though most of the religious congregations have required, for the past few years, an X-ray examination of the chest from all applicants for admission to their groups.

TABLE II

Examination of school teachers for tuberculosis City of Montreal—Catholic School Commission

Type of teacher	Number of teachers examined	Number of teachers rejected for tuberculosis*	Per cent of total examined rejected for tuberculosis
Total	4,695	15	0.32
Females	2,785	9	0.32
Religious	1,879	3	0.16
Lay	906	6	0.66
Males	1,910	6	0.31
Religious	762	...	...
Lay	1,148	6	0.52

* Includes only active cases.

In the city of Montreal, the results of examination for tuberculosis do not show the same trend. According to Dr. Laberge, the report was not complete for the religious teachers. The data from the Catholic School Commission are summarized in Table II.

The Protestant School Commission reported 1,533 teachers X-rayed, only one of whom was rejected.

Detection of Tuberculosis in School Teachers in the Province of Quebec, L. Laberge, M.D., Canadian Journal of Public Health, March, 1943.

During August, 1939, an act passed by the Senate and General Assembly of New Jersey provided that the board of education of every school district should periodically determine the presence or absence of active tuberculosis in any or all pupils in public schools. The rules and regulations for complying with this were to be made by the State Board of Education. Any pupil found with active tuberculosis was to be excluded from school until the disease was no longer communicable. Employees (which includes teachers) of boards of education were required to have a physical examination by the provisions of a similar act passed at the same time. The State Board of Education was to determine the scope of such an examination.

The State Board of Education on May 11, 1940, ruled that all pupils of grades nine, ten, eleven and twelve and all special students enrolled in high school should be listed or examined annually, as early as possible in each school year. For employees the Board ruled that the examination was to be limited to determination of the presence or absence of tuberculosis.

This legislation was the climax of a long term program of health education in homes, schools and community groups in New Jersey. Parents, children and school personnel were ready for the step when it was taken so there was no serious opposition in any county. The examinations themselves were used as an educational demonstration and great care was used to prepare pupils for them. It is now recommended that discussion with pupils should follow the testing. Answering students' questions and explaining the results in classrooms or individually will do much to give the procedure meaning.

X-ray examinations of the students who were positive reactors, and of a few students who were not tuberculin tested, revealed 343 cases of reinfection type tuberculosis, or approximately 2 per 1,000. Of the 2,772 teachers examined, 67 or 2.4 per cent had reinfection tuberculosis. Of these, 31 were classified as stable.

Reports on the disposition of reinfection type tuberculosis were incomplete. However, 23 cases were hospitalized, 21 cases excluded from schools, 2 deaths shortly after examination and 40 students and employees permitted to return to school under medical supervision with periodic X-rays.

Out of 195,130 students in New Jersey schools during 1941-42, 19.9 per cent were positive reactors to the tuberculin test. Of 59,736 who were tested for the first time, 13.8 per cent were positive reactors. Retests of 99,964 students who were negative reactors in previous years yielded 10.7 per cent positive reactors. This group is highly significant from the standpoint of epidemiological control. Its members have been recently in contact with an infection source. The prevailing infection rate in the school population therefore is slightly less than 20 per cent. Among teacher and employee groups 39.7 per cent were positive reactors. Other significant chest, heart and orthopedic conditions were revealed by the school tuberculin testing and X-raying program.

Tuberculosis Control in the Schools of New Jersey, Compiled by the N. J. Tuberculosis League, coöperating with the State Dept. of Pub. Instr., January, 1944.

SUPPLIED BY

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THE MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
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BAYONNE	Nelson W. Dittmar, 924 Broadway	Bayonne 3-0406
BLOOMFIELD	Burgess Chemist, 56 Broad St.	BLoomfield 2-1006
BLOOMFIELD	North's Drug Store, 386 Broad St.	BLoomfield 2-1299
BOUND BROOK	Lloyd's Drug Store, 305 East Main St.	Bound Brook 150
CLIFFSIDE PARK	Sappia's Drug Store, 347 Palisade Ave.	CLiffside 6-2211
CRANFORD	J. Walter Seager, 104 No. Union Ave.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
JERSEY CITY	Paul P. Famular, Ph.G., Phar.D., 3696 Boulevard	Journal Sq. 2-9214
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEWARK	Stratford Pharmacy, Clinton Ave. & Stratford Pl.	BIgelow 3-1263
NEWARK	V. Del Plato, 99 New St.	MArket 2-9094
NEWARK	Wolf Drug Store, 683 Broad St.	MItchell 2-4676
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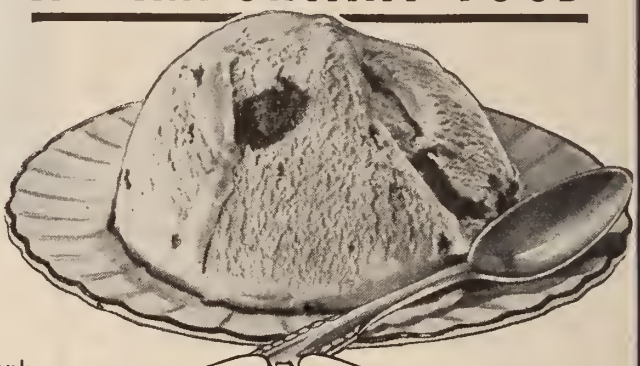
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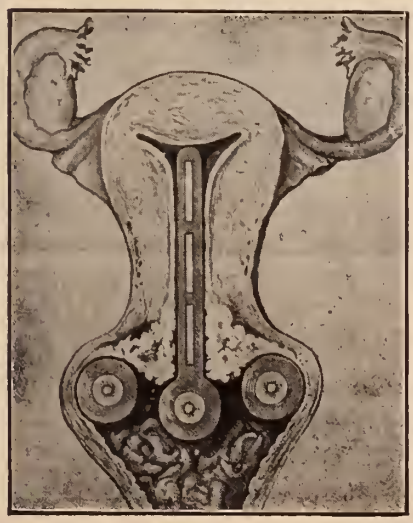
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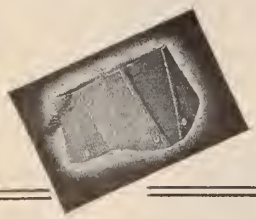
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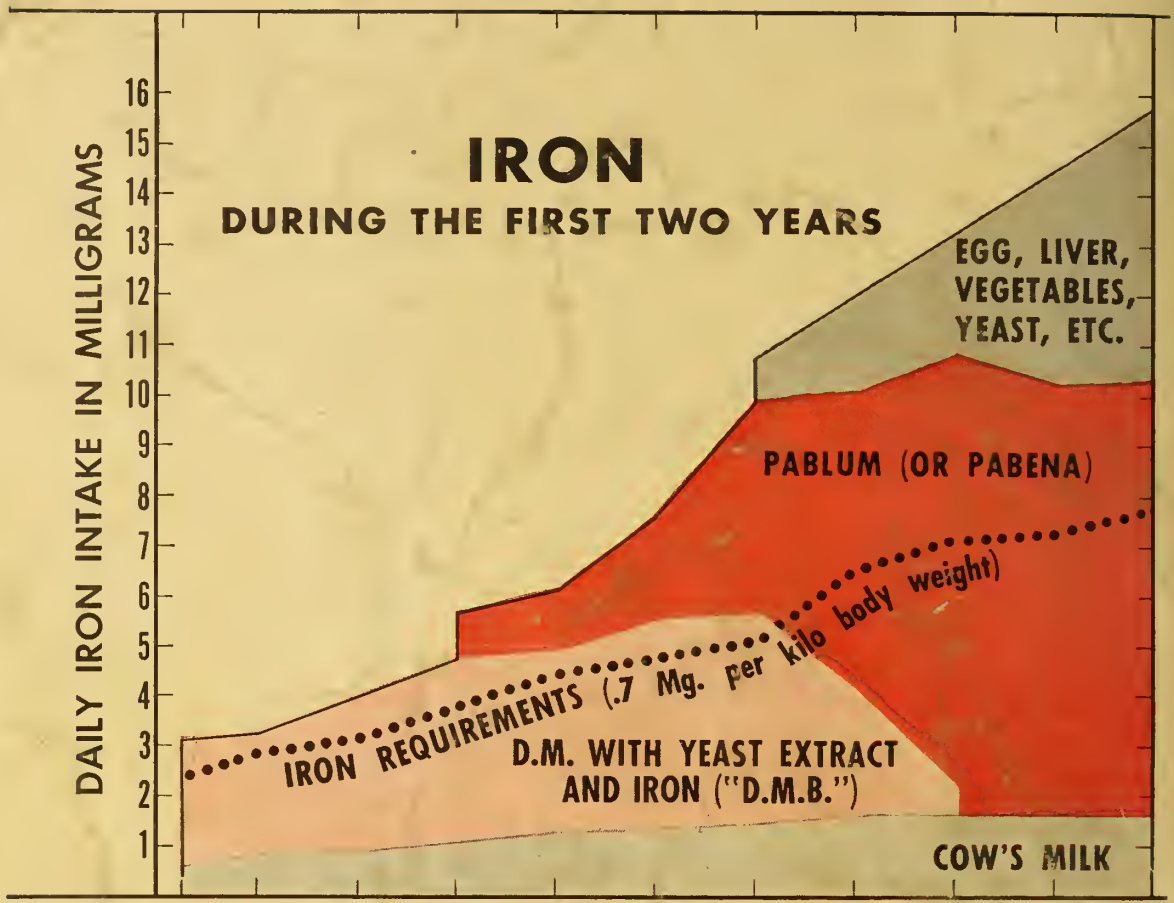
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Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 10 — OCTOBER, 1944 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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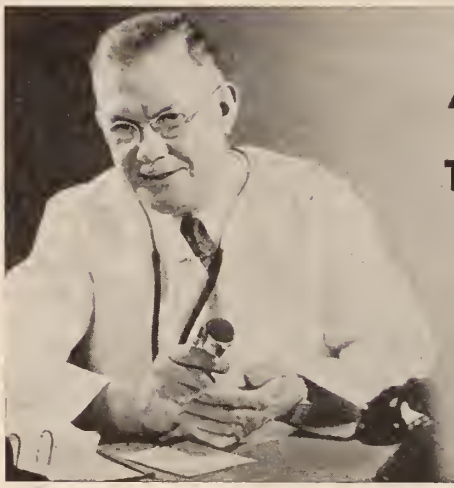
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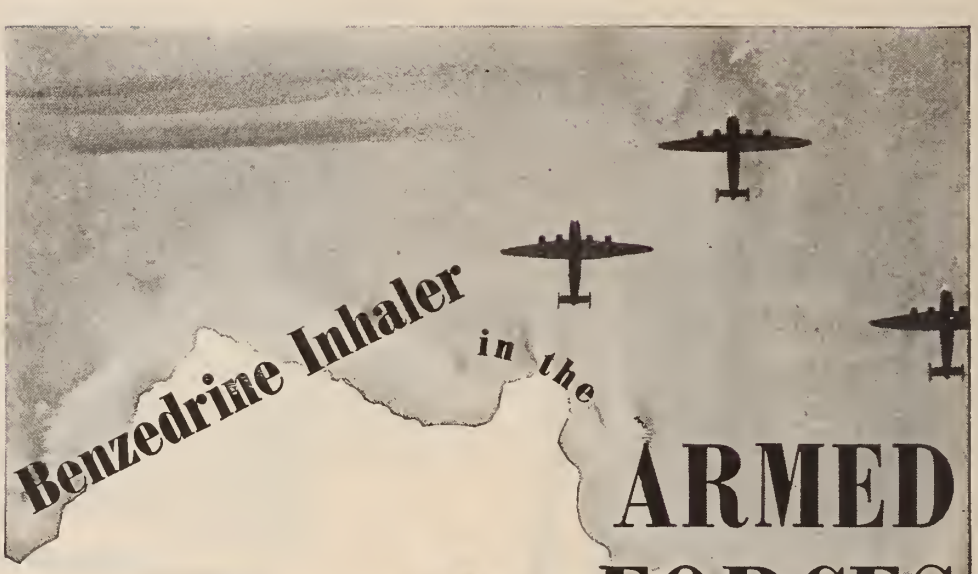
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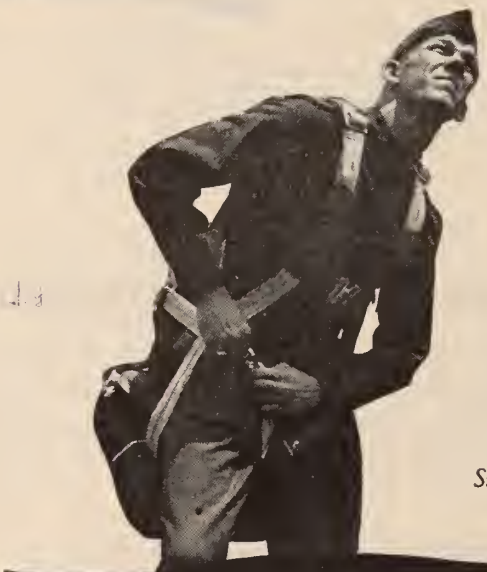
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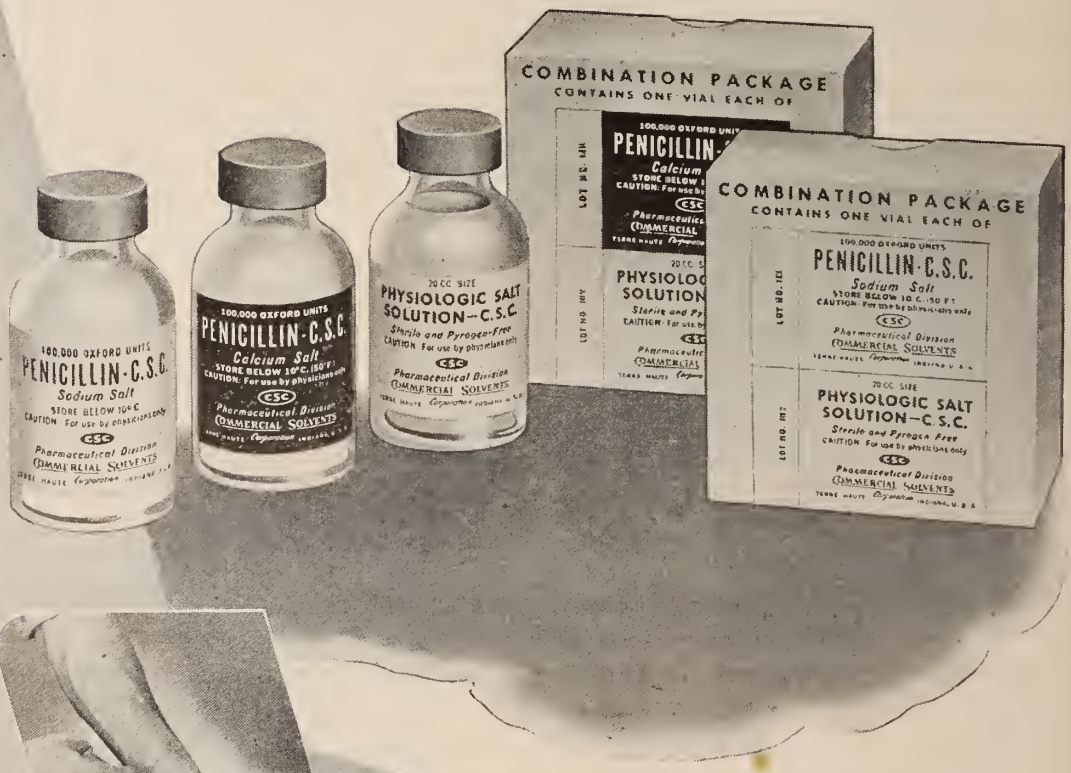
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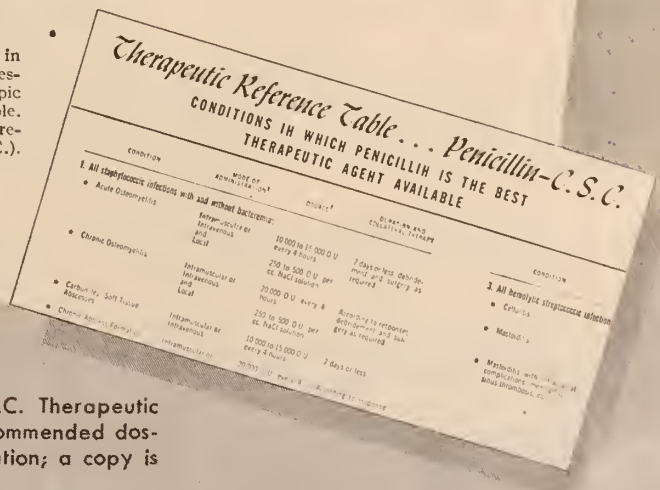
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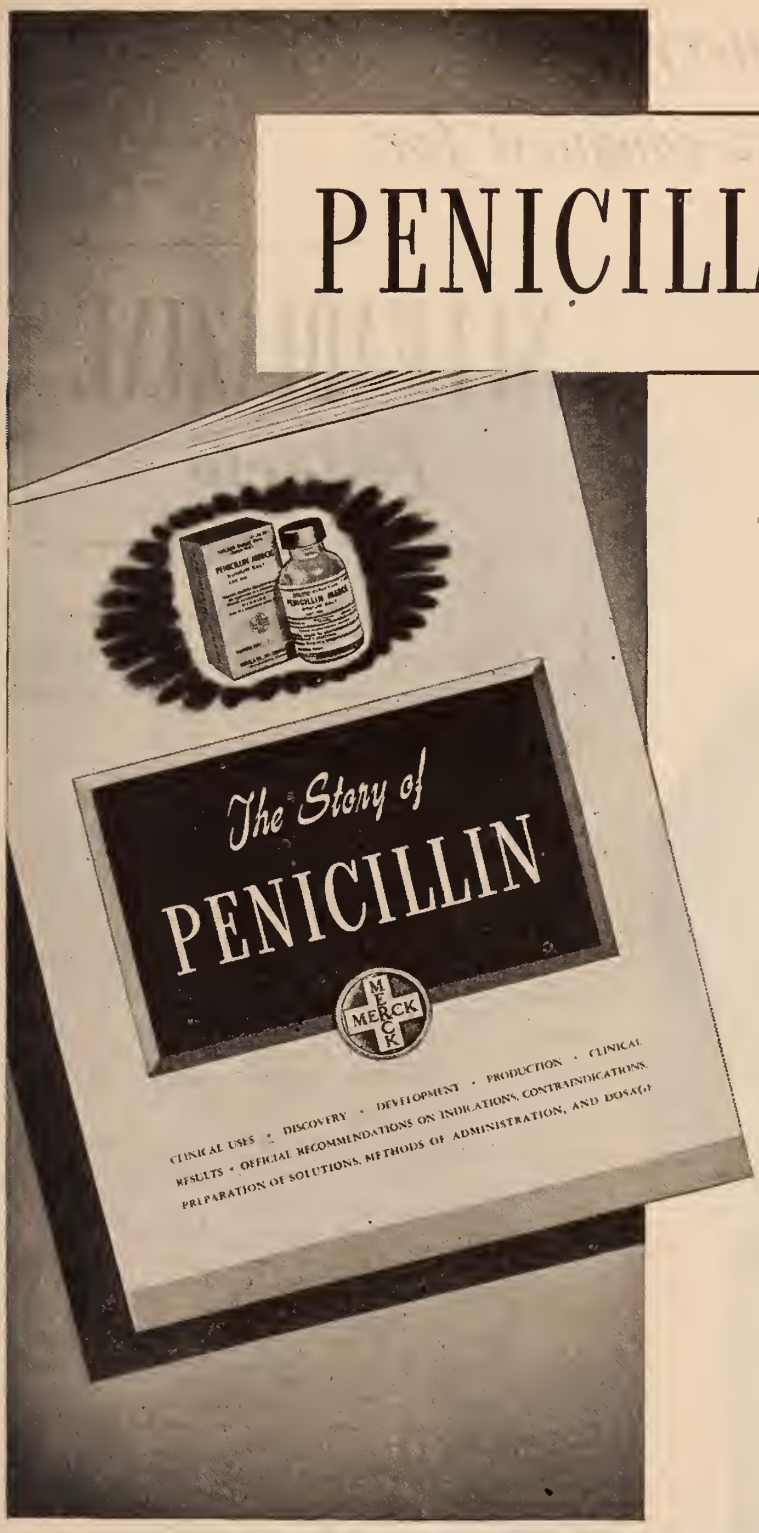
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HARDY, A. V.; BURNS, W. and DE CAPITO, T.: Pub. Health Rep. 58: 689 (Apr. 30) 1943.

HARDY, A. V. and CUMMINS, S. D.: Pub. Health Rep. 58: 693 (Apr. 30) 1943.

HALL, W. W.: Am. Drug Mfgrs. Assoc., Annual Convention, Scientific Sec., Hot Springs, Va., May 1, 1944.

Annual Reports, U. S. Pub. Health Service, 1942-43, p. 122.

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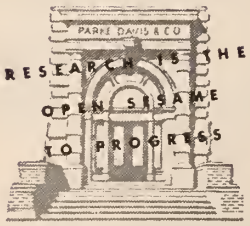
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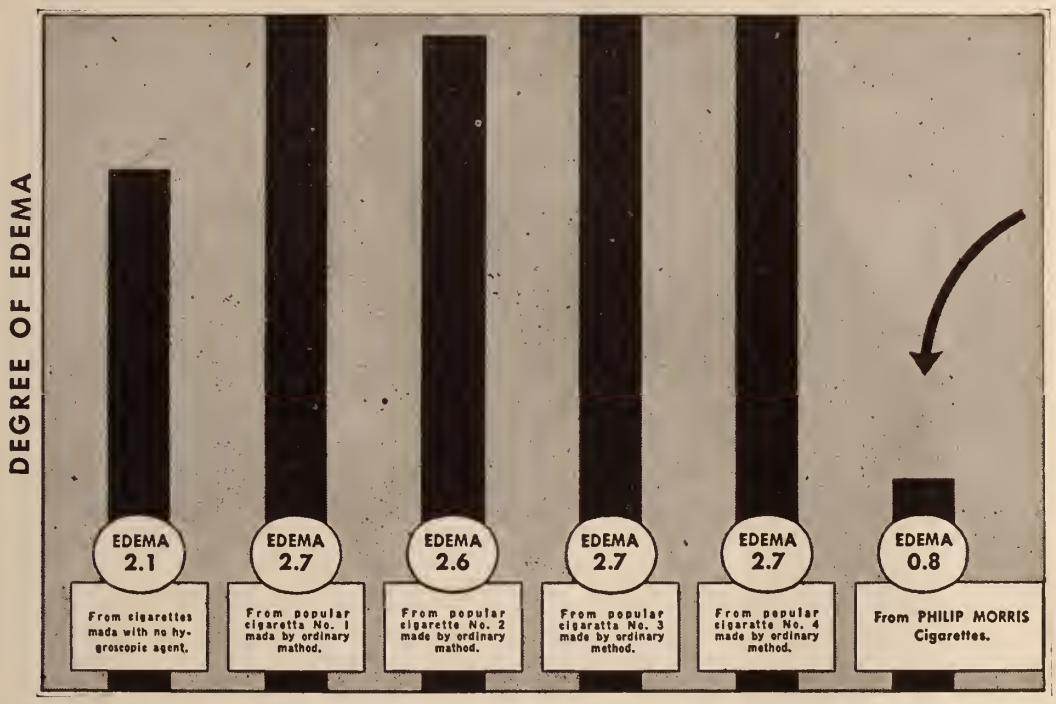
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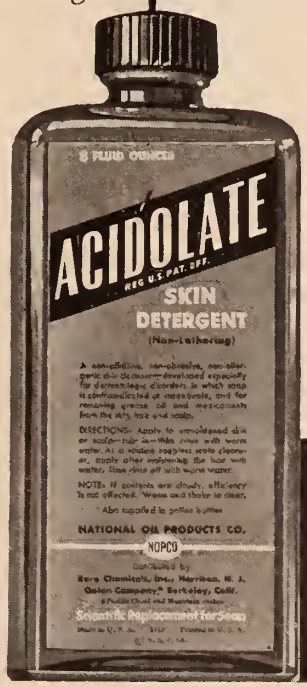
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2. It contains only those fatty acids that are non-irritating to the skin.

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Literature and sample to physicians on request

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(1) West. J. Surg., Obst. & Gyn., 51:150, 1943.
(2) Clin. Med. & Surg., 46:327, 1939.
(3) Am. J. Obst. & Gyn., 46:259, 1943.

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THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 482

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.

Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 10 . October, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIALS

179th ANNUAL MEETING

The Claridge Hotel, Atlantic City, May 22, 23 and 24, 1945

Plans and arrangements for the 1945 Annual Meeting are already under way and considerable progress has been made. The general program and exhibits will be patterned after the 1944 meeting which was so very successful. Prominent speakers are being secured to bring you the latest developments in the science of medicine, and the general sessions will be filled with papers by persons of national importance.

Although the facilities for exhibits, both educational and technical, are limited, we know each exhibitor will show the latest advancements in his field.

Contacts are now being made with government officials to obtain films prepared for Army and Navy Medical Corps on war medicine and surgery for showing at the Motion Picture Theatre. We feel confident our efforts will prove fruitful.

The hotel is holding 250 double rooms for reservations by the members of our Society. The Committee urges that reservations be made early. If any member plans to attend alone, it is recommended that he share his room with another member attending alone. This will assure the

greatest number of members being housed in the convention hotel.

Convention rates will be:

	Single	Double
Corner Rooms	$11.00	$13.00
Ocean Front Rooms	9.00	12.00
Side Rooms (East and West)	8.00	11.00
Rooms Facing Bay:		
11th to 19th Floors	7.00	9.00
3rd to 10th Floors	6.00	8.00

The two main difficulties about the 1944 meeting were the hotel meal prices and the elevator service. Your Committee has fully discussed these matters with the hotel management, and we have been assured that everything possible will be done to remedy the situation.

We cannot stress too strongly the importance of physicians registering at the technical exhibit booths. The success of the meeting, from the exhibitor's point of view, depends largely upon the number of registrants at his booth; the financial success of the meeting, from the Society's point of view, depends wholly upon the sale of booth space to these exhibitors. The Society and the exhibitors depend on each other for a successful meeting.

A brief outline of the scheduled program is:

Tuesday, May 22

11:00 a. m.—House of Delegates
2:00 p. m.—General Session
9:00 p. m.—Motion Picture Theatre

Wednesday, May 23

10:00 a. m.—4 Scientific Sections
2:00 p. m.—3 Scientific Sections
7:00 p. m.—Banquet

Thursday, May 24

10:00 a. m.—General Session
1:30 p. m.—House of Delegates

Note these dates on your calendar! Make your reservation, and plan for a Spring vacation next May in Atlantic City. DO IT NOW!

Harrold A. Murray, M.D., Chairman,
Annual Meeting Committee.

MEDICAL CARE INSURANCE

Editorial, Newark Evening News, September 26, 1944

Opposition of doctors to the compulsory health insurance plan of the Wagner-Murray-Dingell Bill stems in part from a natural human fear of change. They fear the effect the passage of this bill as it stands would have upon their professional and economic independence. Doctors also have a natural concern for the integrity of medical services. With most of them that is probably transcendent. And it cannot be denied that, as to health insurance, we are only in the initial stages of learning how to manage it.

Great advances have been made in providing medical care for masses of people. These are conceded by all, but they are not adequate. The problem of how to make such care adequate involves fundamental questions of control and procedure and what, from the medico's point of view, might be called intangible considerations. Unfortunately these factors have received less attention and study than have the objectives and ideals. This approach may be held mainly accountable for promoting disunity instead of coöperation.

Possibility of a way out of this impasse developed at recent hearings by a Senate subcommittee on postwar health and education. In the course of three days leading medical and health experts,

spokesmen for industry and labor and public officials were heard. The discussions tended to bring the problem into better focus. The most practical suggestion made was for a national commission of broad composition to encourage and test out state experiments preliminary to the setting of a country-wide program.

This logical and common sense proposal, incidentally, was sponsored by a Jerseyman—Dr. Leverett T. Bristol of Montclair. As health director of the A. T. & T., Dr. Bristol has wide knowledge of conditions throughout the country. Lending weight to the proposal was the intimation by Senator Pepper, that if it were adopted, the Congress would be willing to aid state medical care projects on a 50-50 basis.

The immediate question, of course, would be what kind of state projects would be best suited to the purpose of such experimentation. In that connection is recalled a proposal that Commissioner Ellis of the State Department of Institutions and Agencies put before the last conference of New Jersey poor and welfare directors. He, like Dr. Bristol, took the ground that, before federal compulsory health insurance legislation, the states "should be encouraged to experiment as to areas and procedures."

To this end Mr. Ellis outlined a plan by which the Federal Government, which now pays half the cost of old age assistance up to $20 a month for each client, contribute an additional sum up to $2.50 a quarter as its share of providing full medical care for the needy in this category. The care would be extended through the Medical-Surgical Plan of New Jersey or other professional group. That way, it would be possible to develop principles and practices, establish standards and techniques, appraise the doctor-patient relationship and determine costs.

Such a plan or some other like it should develop a wealth of basic material, not now available, but essential to the establishment of a sound system of health insurance. To quote Mr. Ellis, "Effective and lasting social welfare improvements do not usually take place by means of omnibus legislation." Certainly, properly organized governmental social insurance reasonably meeting the needs of indigent or marginal income groups appeals as the first acceptable step to solving our medical economics problem.

ADOPTION—THE LAW AND THE PHYSICIAN

The Adoption Law of New Jersey has been strengthened in order to control the "black market" in babies. The physician should be aware that the unapproved placements are misdemeanors, involving serious penalties for those who place and those who receive the child, with added penalties for a second offense.

An article in this issue of *The Journal* gives details with which every physician should familiarize himself.

(See page 371.)

MEDICAL-SURGICAL PLAN OF NEW JERSEY

NEW CONTRACTS

The new Contract of Medical-Surgical Plan will be effective as to such contracts bearing "*Effective Date*" on and after November 1, 1944.

The new contract of the Plan, presently in force (numbers ranging below 20,000) will be effective until the date of expiration of the contract year of each contract, unless replaced prior to that date with a new contract bearing a number above 20,000 through the underwriting procedure of the Plan.

Extracts of the most important changed provisions appearing in the new contract are as follows:

SECTION V. When Plan Payment Is Not in Full for Eligible Medical and Surgical Services:

Payment by the Plan shall not be deemed to be in full for medical and surgical services eligible for payment under this contract:

1. If the patient shall have been admitted for a private accommodation, not exceeding one bed per room; or
2. If the patient (otherwise than at the instance of the hospital or physician) shall have transferred to such private accommodation after having been admitted for either a semi-private or ward accommodation; or
3. If the patient shall have been admitted for a semi-private or ward accommodation but shall have agreed to pay the Participating Physician an amount in addition to that payable by the Plan, except that no such additional amount shall be payable to the Participating Physician if, for the twelve calendar months immediately preceding the month in which the hospital admission for the medical and surgical services occurs, the income of the Subscriber, enrolled under a Single Contract, is less than $2,000; or the income of the Subscriber, enrolled under a Family Contract, is less than $2,000 plus $500 for the first enrolled dependent (wife [husband] or child) plus $250 for each additional enrolled dependent; or
4. If the patient shall have been admitted for any type of accommodation and shall have been attended by a duly licensed physician who is not a Participating Physician; or
5. If the patient shall have been admitted for a semi-private or ward accommodation but shall have failed to disclose to the Participating Physician the existence of this contract prior to such physician's agreement to render the medical and/or surgical services, except that no additional amount shall be payable to the Participating Physician if the income of the subscriber is less than as stated in Paragraph 3 of this Section.

In any cases to which any of the above five subparagraphs of this Section may apply, the only benefit available under this contract (toward, but not in excess of, the physician's charges to the patient for such eligible medical and surgical services) shall be payment by the Plan of the amount then payable by it to Participating Physicians for such services, and the Plan shall not be liable for any balance.

SECTION VII. Maternity Services:

1. Medical and surgical services rendered incident to pregnancy or childbirth, or for any diseases or injuries or conditions incident thereto, and any coincidental medical and surgical services for the new born child or children during the initial joint hospital confinement with the eligible mother, shall be eligible for payment only as provided in this Section, namely:
   a. Only if both husband and wife are jointly enrolled under this contract (or such enrolled husband dies during the enrolled wife's pregnancy) and the medical and surgical services are rendered to such wife in an approved hospital (or if delivery of the child or children occurs elsewhere under circumstances beyond the patient's control) and such eligible services are rendered during the continuance of this contract at least nine (9) months after the Effective Date of such joint enrollment, or prior thereto if normal birth would have occurred not earlier than nine (9) months after such Effective Date, and
   b. Only on the basis of payment set forth in Sections IV and V.
2. Prenatal and postnatal maternity services are not eligible for payment by the Plan unless eligible under this Section and only if rendered while the eligible wife is a bed patient in an approved hospital.

ORIGINAL ARTICLES

GASTROINTESTINAL PROBLEMS IN THE ARMY *

By J. Edward Berk, Captain, M.C.

Chief of Gastrointestinal Section, Tilton General Hospital, Fort Dix, N. J., and Rhoads General Hospital, Utica, N. Y.

A large percentage of the medical problems faced by medical officers in the military service is concerned with gastrointestinal complaints. In general, the same principles of diagnosis and treatment are applied as in civil practice. In the Army, however, certain situations obtain which modify the approach to digestive disorders. It is necessary, for example, to hospitalize most patients with persistent gastrointestinal complaints in order to perform proper investigative studies and apply appropriate treatment. Likewise, convalescence, to a considerable degree, must take place in the hospital. There is brought about, thereby, a more or less continuous contact between the medical officer and his patients. This intimacy permits the military physician to observe at close quarters the behavior and reactions of persons with digestive tract ailments. At the same time it poses problems in management not ordinarily encountered in civil practice. In addition to these modifications, the relative frequency of the various digestive disorders differs in military from that in civil practice.

This afternoon I propose to present for your consideration a few impressions I have drawn from some of the gastrointestinal problems that have been encountered in the past two and one-half years at Tilton General Hospital.

CARDIOSPASM

Only four cases of cardiospasm have been seen to date at Tilton General Hospital. The condition is worthy of mention, nevertheless, because its outstanding symptom, dysphagia, is still largely ignored. This seems to be true, in part, because patients with cardiospasm not infrequently designate the suprasternal area as the site at which they feel the food they swallow is being arrested even though the obstruction is anatomically situated much lower. It has been stressed time and again, yet it still needs to be repeated, that disorders of the esophagus express themselves in the main through their interference with swallowing. No patient describing dysphagia ought to be dismissed without at least roentgenoscopic observation of the swallowing function of the esophagus.

GASTRITIS

In recent years interest in chronic gastritis has undergone a renaissance. Chronic inflammatory changes in the gastric mucosa have been reported in a surprising number of individuals who have been examined with the flexible gastroscope and symptom complexes have been formulated on the basis of the clinical phenomena presented by these patients. As a consequence, this disorder has been seized on as one capable of explaining many upper digestive symptoms for which no other cause is readily apparent. So far, no significant correlation has been established between the gastroscopically observed mucosal changes and the clinical symptoms. Though reports of various observers are in conflict, it appears that even the gastroscopic observations are not entirely without error and that absolute histological confirmation may be obtained in no better than 50 per cent.

I have examined with the flexible gastroscope some 67 patients with upper abdominal distress and other symptoms similar to those which have been described as fairly characteristic of chronic gastritis, in whom gastrointestinal roentgen examination was negative. The close resemblance of the various symptoms presented by this group to those described for chronic gastritis is attested by the fact that a number of them, prior to admission, were diagnosed as having chronic gastri-

* Read before the Section on Gastro-Enterology and Proctology of the Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

tis even in the absence of a gastroscopic examination. The stomachs of 67 per cent of this group were found to be perfectly normal; if those with questionable gastric changes are added to the normals, the percentage rises to 76 per cent; and if those who exhibited merely patchy areas of superficial gastritis are likewise included, then only 12 per cent of the entire group showed significant gastric changes. The presence of gastritis worthy of note in such a small percentage, despite their symptomatic similarity to chronic gastritis, makes it appear questionable indeed if any symptom complex should be accepted at the present time as a reliable index of chronic gastritis. Skepticism is still justifiable as regards this entity and it is only fair, for the time being, to maintain an attitude of caution as regards its clinical significance.

CANCER OF THE STOMACH

So predominant is cancer of the stomach in the older age groups that its occurrence in young individuals is often overlooked. From 6 to 10 per cent of all cases of cancer of the stomach are found in persons under 40 years of age and from 2 to 3 per cent in persons under 30 years of age. In the past two years at Tilton General Hospital malignant lesions of the stomach were encountered in four patients under 35 years of age. Most physicians are schooled in the picture of the late and advanced case of cancer with persistent upper abdominal pain, vomiting, anorexia, weakness, weight loss, anemia, and a palpable epigastric mass. The early expression of gastric cancer may be little more than a feeling of fullness, a mild discomfort or a loss of the normal satisfaction that follows a meal. Approximately one-third of all cases present a symptom complex indistinguishable from that of ordinary peptic ulcer and it should not be forgotten that many of these will respond in like manner, at least in their earlier stages, to an ulcer regimen. Achlorhydria is a characteristic feature, but sight should not be lost of the fact that 40 per cent of these patients show some free acid in their stomachs after an adequate stimulus and, in a few, hyperacidity may even be found.

PEPTIC ULCER

Peptic ulcer has established itself as an important medical problem in the armed forces of all the warring nations. It should be noted, however, that statistics regarding the incidence of this disease which emanate from large general hospitals are misleading. Patients with peptic ulcer would be expected to filter into these hospitals and their concentration there is by no means an accurate index of the frequency of the disorder in the Army at large. At Tilton General Hospital, for example, peptic ulcer constitutes almost 44 per cent of the cases admitted to the Gastrointestinal Section (enlisted personnel), whereas it accounts for only 19 per cent of patients admitted to the wards for treatment of disorders of the upper gastrointestinal tract in hospitals in the zones of combat (Rush).

About 75 per cent of the selectees with peptic ulcer that were studied at Tilton General Hospital had symptoms suggestive of the disease prior to their entry into the Army. Many individuals are able to secure medical investigation in the Army that otherwise would not be obtained. In addition, medical officers are enabled to pursue investigative studies which they might otherwise have foregone. The net result has been the uncovering of numerous ulcers whose existence hitherto had been unsuspected. It is my impression, therefore, that the incidence of peptic ulcer in the armed forces is no greater than that in the civil population. The lesson to be learned is that more credence must be given recurrent upper digestive symptoms in young people and much greater recourse must be had to roentgen examination of the stomach and duodenum in these individuals.

Of the ulcers that have been seen, 98.5 per cent have been duodenal in location. This is at variance with the experience of the British who find a much higher incidence of gastric ulcers. Of interest, too, is the fact that gastric analysis revealed normal acidity in almost half and hyperacidity of a marked degree (a maximum free acid after an Ewald Meal of 85 or more clinical units) in only 6.7 per cent of the ulcer cases studied at Tilton General Hospital.

I have been impressed with the fact that the

patient with an uncomplicated ulcer is generally treated too lightly. Far too often the responsible physician is satisfied with the achievement of subsidence of pain and distress and devotes too little thought to the avoidance of recurrences. Ulcer patients generally have not been sufficiently impressed with the potential seriousness of their illness; they have not been acquainted with its natural tendency to recur and they have not been made to realize the need for them to observe certain principles of living.

The concept of an ulcer personality as it is commonly understood is seriously challenged by the complexity and diversity of the personalities, attitudes and behavior patterns presented by youthful males with ulcer in the Army. The strong contributory rôle which psychogenic components play in the clinical picture of peptic ulcer is nowhere better witnessed than in military personnel. A natural desire to escape the rigors and hazards of armed warfare, the disquieting effect of separation from home and familiar surroundings, and the uncertainties of the future all exert variable degrees of psychic trauma which in turn indubitably influence the clinical expression of the disease. In many instances I have been compelled to feel that the ulcer per se was playing but a small part in the symptoms described. Not infrequently I found it expedient to disregard the ulcer in favor of psychotherapeutic attention to the more important emotional disturbance.

REGIONAL ENTERITIS

It has now become apparent that regional enteritis is by no means an uncommon disease. For example, in a period of a little over two years some 10 cases have been encountered at the Tilton General Hospital. The impression which is widely held as to the features which characterize the disease is in need of modification. Our clinical concept has been founded upon the symptoms and signs presented by well-established and advanced cases. Just as in cancer of the stomach, so in regional enteritis, we must come to learn the early manifestations. Regional enteritis may be characterized by nothing more than a persistent fever, pain in the back, weakness and fatigue, chronic recurrent diarrhea, gross nutritional deficiency or a perianal infection. Nor need we expect to find a "string sign" in the terminal ileum in every case on roentgen study; nearly any part of the jejunum or ileum and even the adjacent large bowel may be affected and roentgenograms may demonstrate nothing more than some abnormality in the mucosal pattern. Regional enteritis should be suspected in every instance of prolonged diarrhea; thought should be given it in every case of perianal or perirectal fistula; it deserves more consideration as a cause for chronic abdominal complaints, particularly in young people. It is of chief importance that investigative studies be made to include the small bowel more often than has been customary.

INTESTINAL PARASITES

Infestation with parasites whose habitat in man is in the small bowel, such as necator americanus, strongyloides stercoralis and ascaris lumbricoides, constitutes a fairly prevalent problem in the Army. With the wide dislocation of men and women taking place at the present time and with the return of military personnel from tropical climes, many parasitic infestations hitherto looked on as rare in this part of the country will undoubtedly become much more prevalent. There are two features associated with hookworm infestation and with strongyloidiasis to which I should like to direct particular attention. The first is the fact that there may occur in the small intestine changes of such a nature as to reproduce the roentgenographic features of the so-called "deficiency disease pattern". It is even possible in some instances for granulomatous, tumor-like masses to develop in an area where the parasitic load is particularly heavy. The other feature worthy of note is the fact that lung changes may occur in patients who harbor these parasites. It will be recalled that in the normal life cycle these worms pass through the lungs of their human host and in their transit may set up a patch of pneumonic consolidation. Infestation with strongyloides, hookworm, or ascaris should be considered in any individual who displays tran-

sient infiltrations in the lungs, particularly if there is an associated eosinophilia; they should be given thought whenever cough, hemoptysis, and lung changes occur in an individual who also complains of abdominal symptoms such as pain, nausea, vomiting or diarrhea.

ULCERATIVE COLITIS

Amoebiasis and bacillary dysentery have established themselves as important medical problems in certain areas. At general hospitals in the zone of the interior the cases of ulcerative colitis that are commonly seen are those of the non-specific, idiopathic variety. It is a curious clinical fact that patients will hasten to consult a physician should they fail to experience their normal bowel movement or should there be any tendency toward what they consider to be constipation. Yet these same individuals will complacently endure, and in many instances even enjoy, a state of chronic looseness of the bowels. The same thing is true of the young soldier. It is only when abdominal complaints become distressing or when blood appears in the fecal discharge that many seek medical aid. Unfortunately, the same attitude of unconcern for the symptom of diarrhea is exhibited by numerous physicians. Too often they are content to treat the disturbance symptomatically through the use of such staid remedies as paregoric and bismuth or various of the sulfa drugs without recourse to more detailed investigation as to etiology. A wealth of primary and contributory factors are known to exert some influence on ulcerative colitis and hence it is to be expected that no solitary form of treatment, no single chemotherapeutic agent, no routine form of therapy will prove efficacious in all cases. As yet, no magic panacea is available for this disease. The sulfonamides, promising at first, leave much to be desired and even penicillin is proving disappointing.

CARCINOMA OF THE COLON AND RECTUM

The same situation obtains in cancer of the colon and rectum as in cancer of the stomach. The disease is predominantly seen in the older age brackets and, on this account, we tend to lose sight of the approximate 5 per cent of cases that occur under the age of 30 years. Four patients under the age of 25 and others in their thirties have been seen to date at Tilton General Hospital.

No single examination is so valuable and informative as is the digital examination of the rectum. Approximately 75 per cent of all rectal tumors are within reach of the index finger, provided a careful and adequate examination is performed. This statement has been made repeatedly and the importance of digital examination of the rectum has been emphasized time and again. Yet, by and large, the examination is still a neglected one. Of those patients with cancer of the rectum who eventually find their way to large cancer clinics, one in five has not received a rectal examination. It has been estimated that about 15 per cent of patients with cancer of the right colon undergo appendectomies after the onset of symptoms; probably 25 per cent of patients with cancer of the left colon and rectum receive paregoric or bismuth for diarrhea, or vaccines or sulfonamides for colitis for long periods of time before the underlying lesion is recognized; from 20 to 25 per cent of patients with cancer of the rectum and anus undergo an hemorrhoidectomy within six months of the identification of the malignant lesion. Only by the free and unstinting use of those diagnostic procedures now at our command will we be able appreciably to reduce the yearly toll of deaths from malignant tumors of the colon and rectum.

FUNCTIONAL GASTROINTESTINAL DISORDERS

In civil practice it is the general experience that about one-third of the patients seen by the average physician will prove to have no demonstrable organic basis for their complaints; in another third functional disturbances will be in part responsible and will require attention along with whatever organic derangement may be found to coexist. In Army General Hospitals functional disorders also constitute a large proportion of the cases seen, but the proportion is less than that in civil life because of the fact that the cases are selected ones and many of the functional disturbances are weeded out before they reach a general hospital. The symptoms in soldiers

appear to be referable mostly to the upper abdomen; distress associated with some change in large bowel function such as would be considered in keeping with the so-called irritable colon syndrome is displayed in only about 10 per cent of the cases.

HEPATITIS

Current studies have established beyond much doubt the fact that so-called "catarrhal jaundice" is in reality an hepatitis. It has been likewise fairly well established that a virus agent is probably instrumental. Patients afflicted with catarrhal jaundice usually experience a mild to moderate illness of comparatively short duration and the mortality is almost nil. It is this cloak of benignity which distracts attention from the disease and tends to close our eyes to its potentiality for serious and long-lasting harm. If one scrutinizes carefully the life history of patients with cirrhosis of the liver, one will be impressed by the number of such individuals who describe one or more bouts of "catarrhal jaundice" earlier in life. Not only do patients with this form of acute hepatitis deserve scrupulously attentive care, but they should be followed for long intervals and ought not be dismissed from observation until the commonly accepted tests of liver function show a restoration of function to normal.

Over a period of approximately eight months independently appearing jaundice and hepatitis have occurred in ten patients in the surgical wards at Tilton General Hospital. During the same period not a single case has been seen in patients in the medical wards. Each of the surgical patients had in common the receipt of plasma or blood from one to four months previously. It is possible, although by no means established, that the jaundice and hepatitis in these instances was due in some manner to the human serum they had received. This concept of homologous serum jaundice has been gaining prominence of late and it is well supported by experiences with convalescent human serum and with vaccines containing human serum. It is certainly a possibility to be borne in mind in sporadic cases of jaundice who have received plasma or blood transfusions, especially when no other cause is apparent.

CHOLECYSTITIS

The management of acute cholecystitis has become a subject of much controversy. A trend toward earlier surgical intervention has become evident so that opinion has now become rather sharply divided into two main schools. On the one hand are those radically minded individuals who point to the dangers attendant on procrastination and who hold that removal of the gall-bladder is best done during the phase of acute inflammation. On the other hand are those who still cling to the conservative policy of delay; who contend that operation during the phase of acute inflammation is fraught with excessive danger and who take refuge in the fact that most cases will spontaneously subside. There is much in favor of each point of view, but rather than submit to either form of routinized management our policy at Tilton and Rhoads General Hospital is to individualize the therapy employed. Of greatest importance is a wholesome appreciation of the gravity of the condition, the uncertainty of its course and the frequency with which serious complications occur. With the realization of these facts the imperative need to hospitalize every patient immediately becomes apparent. Fortunately, this is the general practice in the Army and it would be well indeed if a similar policy could be instituted in civil practice. In the hospital careful observation can be made, the general condition and chemical balance of the patient appraised, the course of the attack closely followed, and surgical intervention secured without delay in the event that satisfactory subsidence is not exhibited.

Chronic cholecystitis is a disease the diagnosis of which should be made more warily. Flatulent dyspepsia, with which chronic cholecystitis has been traditionally associated, is by no means pathognomonic. All the phenomena which characterize it may be found in many intraabdominal disturbances. The one clinical feature of real value in fixing suspicion on the gall-bladder as the principal site of disease is the occurrence of biliary colic. Likewise, incrimination of the gall-bladder as a cause for

upper abdominal distress is hazardous if that organ does not contain calculi. The non-calculous gall-bladder, while undoubtedly capable in some instances of producing distress, is to be viewed skeptically. Every effort should be expended, therefore, to demonstrate the presence of calculi. This is best accomplished by cholecystography, bile drainage and fecal analysis, close scrutiny being made in the latter two for the presence of calcium bilirubinate and cholesterol crystals. Having once established the existence of symptomatic chronic calculous cholecystitis it is now agreed that the only adequate treatment is cholecystectomy with exploration of the common duct whenever indicated.

PANCREATIC DISEASES

Diseases of the pancreas among military personnel have been very uncommon in my experience. Nevertheless, I would like to say a little about cancer of the pancreas because there are certain widely held misconceptions concerning its symptomatology. Contrary to popular opinion, painless jaundice, while significant, is not the outstanding feature of cancer of the pancreas. If there is any one outstanding symptom, that symptom is pain; pain which tends to radiate to the back, to awaken the patient from sleep and force him to sit up, lean forward or walk about in a desperate attempt to achieve some relief. If the phenomenal advances which have been made in surgery of the pancreas are to be effectively applied, it is essential that an early and accurate diagnosis of cancer be made. Reliance upon the traditional picture of painless jaundice, palpable gall-bladder and fatty stools as the features by which to identify cancer of the pancreas means that numerous cases will go unrecognized.

SUMMARY AND CONCLUSIONS

Gastrointestinal problems comprise a large part of the ailments that the Army medical officer is called upon to manage in military practice. The chief respect in which these problems differ from those in civil practice is in the means of instituting accurate diagnostic and therapeutic measures. In most instances it is required that the soldier be removed to a hospital where proper studies can be obtained and appropriate disposition finally made. "An army," so the saying goes, "travels on its stomach." The mission of the military gastroenterologist is to insure that the journey is long and uninterrupted.

DIABETES AND PREGNANCY

1. In pregnancies complicated by diabetes mellitus the fetal and neonatal mortality is about five times higher than that in nondiabetic pregnancies. The fetal and neonatal mortality is as high during the five years immediately preceding the onset of diabetic symptoms as after the syndrome has become established. An increased fetal and neonatal mortality can be observed from fifteen to twenty years before the clinical symptoms and signs of diabetes can be recognized.

2. Infants with a birth weight of 5 Kg. or more are born to women before they become diabetic with the same high frequency as after diabetic symptoms have appeared. The incidence of infants whose birth weight is 5 Kg. or more is about eighty times higher in pregnancies complicated by diabetes than in nondiabetic pregnancies.

3. The fetal and neonatal mortality is no higher among those infants who weigh 4.5 Kg. or more at birth than among those who weigh between 2.5 and 4.5 Kg.

4. In the presence of mild diabetes (not requiring insulin) and in the absence of maternal complications of pregnancy the fetal and neonatal mortality is four times higher than that in the nondiabetic population. Severe complications of pregnancy in women with diabetes increase the risk to the infant.

5. The presence of glycosuria in the last months of pregnancy in women whose carbohydrate metabolism is otherwise apparently normal is associated with a fetal and neonatal mortality that is as high as that among the offspring of women with definite diabetic signs and symptoms.—Hurwitz and Kuder, J. A. M. A., Vol. 124, No. 5, p. 271.

ADOPTION — THE LAW AND THE PHYSICIAN

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Statute law follows slowly behind the best that we know in the regulation or control of human affairs in every field. For that reason from time to time existing law is amended or entirely re-written to keep pace with our more complete understanding of safeguards which must be placed about certain transactions.

No one is more keenly aware of this than is the physician as he looks back on the slow progress in law of the control of communicable disease; the development of adequate school medical inspection or even the license to practice medicine.

In 1938 the Adoption Law of New Jersey was amended in the hope of minimizing the "racket in babies" which, throughout the country, has assumed the proportions of big business. This amendment provided that when a petition for adoption is presented to the Court the Judge *shall* order an investigation to be made concerning the suitability of such adoption.

THE GAP IN THE ADOPTION ACT OF 1938

This amendment did not specify the qualification of the person or agency placing the child for adoption; "anyone" could still place a child. Too often a financial transaction, in one form or another, took place. More frequently the placement was made on a "sentimental" basis without any real understanding of the racial, religious, nationality, physical, emotional and intellectual potentialities of child and adoptive parents which needed to be suited to each other. Since the placement had been made, usually, many months previous to the investigation the futility of disrupting the placement at that late date usually seemed to outweigh the damage done.

WHAT THE LEGISLATURE HAS DONE ABOUT IT

To correct this the Legislature, in the session of 1943-'44, materially strengthened the Adoption Act by defining the legal process by which the persons or agencies qualified to legally place children for adoption are to be determined; the law declared placements made by unapproved persons or agencies to be a misdemeanor and subject to penalty; and penalized the person who received the child for adoption from an unapproved source.

The law now reads as follows:

> "No person, firm, corporation, association or agency shall be permitted to place minor children for the purpose of adoption within this State unless such person, firm, corporation, association or agency has been or shall have been approved for such purpose by the Department of Institutions and Agencies. Any person, firm, corporation, association or agency which has not been approved by the Department of Institutions and Agencies for such purpose making such placement and any person receiving such child so placed for adoption in this State shall be guilty of a misdemeanor and for the first offense may be punished by a fine not exceeding one hundred dollars ($100.00) and for each subsequent offense may be punished by a fine not exceeding one thousand dollars ($1,000.00) or imprisonment for a period not exceeding one year, or both."

EXEMPTIONS IN THE LAW

It should be noted that the limitations do not apply to adoptions which take place between relatives within two degrees of relationship. Past experience indicates that many adoptions occur within the family group. Within the marital relationship, when one party to the marriage already has children and the marital partner desires to give full status in name and inheritance rights to the children, it is necessary that the person (whether father or mother) whose children are involved should be given legal approval as qualified to make the placement.

How does the Department of Institutions and Agencies determine the qualification of a "firm, corporation, association or agency"

which warrants the approval of that agency to place children for adoption?

An application must be submitted by the agency on a form provided by the Department which certifies that the incorporation and by-laws authorize the agency to perform services for the protection of children within which broad scope the placement of children for adoption is a legitimate function. The composition of the board of directors or the diocesan authority under which the agency operates must be stated; the name, educational and experience qualification of the chief executive and supervisor must be stated; the professional qualifications required of the subordinate staff must be included and the major sources of financial income of the agency must be specified. The application must include the number of adoptions consummated by the agency during the two preceding years; and a statement as to whether fees are charged for adoption placements is to be noted.

On the basis of these statements and the interviews which may be necessary to clarify mutual understanding, the approval of the Department will be given, subject to annual renewal. An Advisory Adoption Committee has assisted the Department in the formulation of its procedure.

ANOTHER AMENDMENT TO THE LAW OF 1938

There is a further amendment to the Adoption Act which has grown out of the experience of the past six years. Mothers have given consent to the adoption of their children (legitimate or otherwise) and then at the last moment as adoption was about to be consummated, have sought to invalidate the consent, which is an essential factor in the adoption procedure. The amendment reads as follows:

> "The consent of either parent, whether the minor child be legitimate or illegitimate, shall be valid and binding irrespective of the age of such parent at the time of granting consent for the adoption of said minor child."

This amendment, together with the more careful procedure in placement, will minimize legal complications for the adoptive parents and for the child whose emotional attachment to these parents has already become well fixed.

To what degree does the Adoption Act diminish the commercial aspects of the "black market" in babies?

The penalties provided in the act for "unapproved" placements, applicable to the "receiver" as well as the "placer" of the child, combined with the investigation required by the Court, seem to provide a closely woven screen through which the commercialization of adoption placements will find it difficult to make any profit. The "racketeer" who seeks to secure the mother's consent for the adoption of the child in the expectation that he (or she) may be able to sell it over the counter at a profit to a third party will run a risk which is hardly worth taking when it is fully understood.

HOW NUMEROUS ARE ADOPTION PLACEMENTS?

Many hundreds of adoptions take place every year in New Jersey, there is no central registration of the entire number; one agency alone has handled more than 500 adoption investigations within the last fiscal year. The war has created an unusual supply of infants and young children available for adoption, the procedure complicated by a multitude of legal tangles which need skillful handling on the part of the qualified social agencies and the legal profession.

THE PHYSICIAN'S CONTRIBUTION TO THE SOLUTION OF THE PROBLEM

The physician will make a real contribution to these difficult social situations if he will refer the cases which come to his attention to approved agencies which now number 11 in New Jersey, and in addition 9 approved in New York and Pennsylvania. A list of these agencies may be secured, on request, from the Department of Institutions and Agencies, Trenton. The agencies listed have functioned acceptably in New Jersey for many years; they include governmental as well as philanthropic private agencies and the great religious bodies.

These agencies operate with due consideration of the feelings of the mother and her family. The "consent" of the mother when rendered to an approved agency is likely to

minimize the attendant publicity which a consent given to an individual may entail when the mother may be called to appear in Court at the time of the adoption hearing.

Because physicians are so early and intimately concerned with the medical and social problems which suggest that adoption of the child may be the most desirable solution of the social problems for both mother and child, it is important that the recent strengthening of the adoption act should be understood and that the mother of the child, as well as persons eager to adopt the child, should be informed, by the physician, of the social facilities available to handle the situation confidentially in the interest of all concerned.

HOW ONE SHOULD SELECT A PHYSICIAN

"The standards by which a physician can be measured are furnished by the medical profession. The way to judge a doctor is the way doctors judge each other. It is severe," Greer Williams, Chicago, points out in a recent issue of *Hygeia, The Health Magazine,* in an article enumerating some of the many factors that should be taken into consideration in selecting a physician. "The medical profession has set high standards for its members. * * *

"Let us first consider what we have a right to expect from a man who assumes the responsibility for health and disease. A noted specialist told me that he demands three things from his fellow physicians and surgeons in this order:

"1. Honesty. Faith in one's doctor is often more important to recovery than the treatment he prescribes, but it is false security if the physician is dishonest in his claims, intents, diagnosis, treatment, or fees. * * *

"2. Service. Careful examinations take time. You want a doctor who will give you enough attention to leave the smallest possible likelihood that he has missed some significant sign or symptom, as well as to relieve your psychologic anxieties.

"3. Knowledge. When you see a physician you want everything that is known in medical science about the detection, prevention and cure of your ailment to be brought to bear on your case. Some might place knowledge first, but the specialist puts it third because you cannot get the benefit of existing knowledge unless the physician is honest (keeps within the limits of scientific knowledge) and gives you service (allows himself to apply his knowledge). * * *"

To this list of characteristics Mr. Williams says that he would add a fourth quality—generosity. "While this is implicit in the humanitarian nature of medical care," he declares, "I know of no quality more desired by the patient in his doctor. The basic problem of the cost of medical care is economic, of course, but more patients would get what they can pay for if generosity, like honesty, did not suffer from selfishness. * * *"

In order to be most certain that a physician measuring up to these standards is selected, the author advises that "You should investigate the man you want to become your doctor, using the standards by which the medical profession judges its members.

"First there are the formal standards set by the American Medical Association. * * * The American Medical Association, more than any other agency, must be credited with raising the quality of medical practice in this country. It has set high standards of education, training, and experience for physicians. * * *"

In addition to the formal standards of the American Medical Association, such as graduation from a recognized medical school and membership on the staff of a hospital approved by the American Medical Association, Mr. Williams says that there are additional informal standards by which the physician can be judged. These include lack of advertising on the part of the physician of his name, specialty, methods, cures, or low fees in any commercial way; the dignity, sobriety, and modesty with which he conducts himself before his patients; the neatness and cleanliness of his office and of his person; the efficiency with which he keeps his case records, and the amount of respect he receives from other doctors.

"A good doctor," Mr. Williams observes, "will not charge you too much. * * * Always ask the doctor his fees for any medical care he proposes to give you and always tell him your financial status. Doctors' fees are more or less standardized according to the patient's income, and the best is not likely to charge you more than the worst for a given treatment or operation. * * *"

THERAPY OF ARTHRITIS *

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CLASSIFICATION OF ARTHRITIS

I. Infectious Arthritis
   (Specific microörganism known, T.B., G.C., Meningococcus, Pneumococcus)
II. Arthritis associated with metabolic disturbances as Gout, Hypothyroidism.
III. Degenerative arthritis (osteoarthritis)
   (Hypertrophic arthritis)
   A. Generalized
   B. Localized
      1. Trauma
      2. Bad architecture
      3. Menopausal
IV. Arthritis of Neuropathic origin due to Tabes Dorsalis, Syringomyelia, etc.
V. Miscellaneous, e. g. due to serum sickness
VI. Probably infectious, etiology unproved
   A. Arthritis of Rheumatic Fever
   B. Rheumatoid Arthritis (arthritis deformans, atrophic arthritis)
      1. Juvenile type, e. g. Still's disease
      2. Psoriatic arthritis
      3. Ankylosing spondylitis (Marie Strümpell)
      4. Adult type

Before starting any therapy on a patient we must, of course, first make the proper diagnosis. This is outside the scope of my paper. It must also be kept in mind that with all therapy there are two goals: (1) Try to stop the progress of the disease, (2) attempt to repair the damage already done. Any plan of treatment must of necessity correlate these items. If it does not, then it is probably worthless. The infectious arthropodies caused by a known specific organism at present do not represent the bugbear of even a few years ago. Only T. B. joints are still a problem. They are treated either by immobilization and later by orthopedic surgery, the choice of operation depending on the orthopedist.

Sulfonamides have practically eliminated G. C. arthritis and have greatly reduced the even rarer pneumococcic joints. Greater fields will be opened with Penicillin, which has already been used intraärticularly and has been able to sterilize a purulent joint in a remarkably short time.

Metabolic disturbances which manifest themselves by joint symptoms are more or less easily controlled. Thyroid extract will usually clear the joint complaints of a Hypothyroid. Gout, the age-old illness, presents a more difficult problem. During the acute stage the patient should be put to bed and given a saline cathartic. This in order to limit the fluid content of the body and to hasten elimination of the uric acid. Restrict fluids to 1,000 c.c. a day and for a few days keep the patient on a milk and cheese diet. Colchicine gr. 1/100 is administered every two hours until toxic symptoms appear and then medication is stopped. When the acute phase is over, place the patient on a purine free, low fat diet with elimination of alcohol and tea and follow with this medication routine: (1) Three days a week Acetyl-Salicylic acid gr. X every four hours. (2) Two days a week Colchicine gr. 1/100 every four hours. (3) Two days a week nothing.

Crude liver has been used as a means of therapy, and although, at times, there have been remarkable results, it still is too early for comment.

The treatment of Degenerative or Osteo Arthritis is a problem which will tax all our ingenuity. These are the cases which require many approaches. Administration of foreign protein alone is not the answer even though the patient may think he or she feels better. When Osteo Arthritic joints are inflamed they must have rest. Build up the body to the best physical status by removing foci. Attend to the heart in order to keep the circulatory system at its highest pitch. Check the elimination and remove trauma, this at times is most difficult. If the Osteo Arthritis is in the knees, which for years have been carrying a body of 225 pounds where a body of 160 was meant to be carried, weight reduction is needed but

* From Arthritis Clinics of Newark Presbyterian Hospital, Newark Beth Israel Hospital.

may not be done too quickly. The physician must use all means to accomplish this without causing undue harm to other systems as too sudden and too great a loss of weight can do. At times arches or orthopedic shoes will change the weight-bearing line just enough to take the strain off an inflamed knee until reduction from above can be accomplished. Other aids to resting the inflamed or irritated joints are braces, casts, boards in bed for Spondylitis, etc. It is even necessary to change the type of work at times to eliminate the trauma. For example, the operator of an elevator who developed an acute Osteo Arthritis of the right elbow, when changed to a left-handed pull elevator, was cured in a short time. Locally, the affected joint responds to salicylates and various physical therapies and, at times local procaine injections give spectacular results. After the acute phase is complete and there is a residual limitation of motion, mild manipulation, even under anesthesia, will be needed. If an Osteo Arthritic joint does not respond to these measures, then orthopedic surgery may be necessary, either to remove an irritating joint mouse or to do either a synovectomy or an arthoplasty. X-ray therapy is now being used for these Osteo Arthritic joints, but the results are still rather inconclusive. Whether it is a question of dosage I can not say at present; however results in one clinic are uniformly better than at another clinic.

I like to refer to the arthritis of the menopause as arthralgia. There are already early signs of Osteo Arthritis, in all people of 40 and over. They start showing these wear and tear changes and yet the greater percentage do not complain of joint pains. Menopausal arthralgia responds well to heat, thyroid and weight reduction. Diethylstilbestrol and parenteral estrogenic therapy are usually all that are needed.

The arthritis of Neuropathic origin such as Tabes Dorsalis or Syringomelia is best treated by the neurologist and, therefore, is outside the scope of this paper. The joint involvement of serum sickness is usually quite fleeting and readily responds to salicylates, adrenalin or ephedrine.

Now we come to the great group of etiology still unproved and, therefore, the most difficult.

The arthritis associated with rheumatic fever is often a difficult problem. Rest and salicylates are our basis of therapy but when to allow activity requires great judgment. Watching the sedimentation rate in conjunction with the clinical picture is a good guide. There is much discussion on the continuance of salicylates between attacks and some feel that the use of sulfonamides is of value. There is a wonderful study now going on in the Army under Col. Holbrook which should shed a great deal of light on the rheumatic fever problem.

Still's disease is really a juvenile Rheumatoid Arthritis and is treated just as any other Rheumatoid Arthritis. Similar to this is also *Psoriatic Arthritis*—whether this is an incidental finding in conjunction with Rheumatoid Arthritis is a question. How many patients with Psoriasis are seen who have no joint manifestations? The therapy, here too, is like that of Rheumatoid Arthritis, but in addition crude liver occasionally gives fine results.

The sufferer of Marie-Strümpell disease or Ankylosing Spondylitis can look more optimistically on life since the advent of massive doses of x-ray therapy. Of course this must be used in conjunction with maintainance of the general body health, diet and braces.

I have purposely left the most difficult for last, *Rheumatoid Arthritis* (arthritis deformans, atrophic arthritis). First, constitutional rehabilitation. The physician must try to put the patient's mind at rest and see that he is free from worry whether it be about his position or family or finances. It often requires the composite conference of various members of the family to accomplish this but it has, and can be done. Second, absolute bed rest is essential with careful supervision of the functional position. An elbow ankylosed at 90 degrees is a good functioning joint. An elbow ankylosed straight is no good. At times we must resort to casts to immobilize a painful, swollen joint. The cast may be left on for a week or ten days and then passive exercise can be started. Later active exercise, to prevent atrophy, should be attempted. In addition

the whole body must be watched, foci removed, elimination regulated and a high caloric diet with sufficient vitamins and minerals given.

During the first stages of Rheumatoid Arthritis transfusions, more than any other means in the armamentarium of the Rheumatologist, will shorten the disability and course of the disease. Several transfusions at a week or ten-day interval are most beneficial. During the more chronic stage try to prevent further deformity. This is done by sleeping casts, paraffin baths, corrective exercises, braces, manipulation even under anesthesia, and surgery as discussed under Hypertrophic arthritis. Gold therapy is undoubtedly one of the best of the newer therapeutic measures. Its results are at times most gratifying but gold therapy is a topic in itself which would require a full paper.

In conclusion, it is pertinent to state that contrary to the prevalent medical opinion that the Arthritic as such, is a hopeless therapeutic problem, much can be done for properly selected and what is more important, properly diagnosed cases. The problem must be approached hopefully and directly, then the results will invariably be encouraging and worth the effort expended.

MINERAL OIL IN FOODS

It has been shown that the ingestion of liquid petrolatum is capable of interfering seriously with the absorption of carotene, vitamin D, calcium and phosphorus and vitamin K. The effects of its prolonged use have not been thoroughly investigated, but there is sufficient evidence of possible harmful effects to justify the conclusion that its indiscriminate use in foods or in cooking is not in the interests of good nutrition, and any such use should be under careful supervision of a physician.

The Council previously has accepted, with a special requirement that the products be promoted for use only under the direction of a physician, salad dressing or imitation mayonnaise containing mineral oil, for use in therapeutic diets. In view of the abuses which have developed through the production and sale of food products containing mineral oil to the public, the impracticability of providing suitable and adequate warning of the possible harmfulness of such preparations, and the fact that physicians wishing patients to use such products readily can supply directions for their preparation on a small scale from liquid petrolatum and other ingredients, the Council has voted, on the basis of the evidence reviewed in the present report, to withdraw its acceptance of these products.—Report of Council on Foods and Nutrition, J. A. M. A., Vol. 123, No. 15, p. 968.

RELAXED INGUINAL RINGS AND HERNIA

The question of what constitutes a relaxed inguinal ring and the question of the possibility of the development of a hernia in the future cannot be answered categorically. In these problems one must rely heavily on clinical experience and judgment. A number of factors must be considered, such as the age of the patient, the general health of the patient, the muscular development of the abdominal wall, obesity, constipation and other conditions which tend to affect the intra-abdominal pressure.

Most surgeons today do not subscribe to Da Costa's opinion with regard to determination of a relaxed inguinal ring by the finger test. An external inguinal ring may admit two fingers and may not lead to the development of hernia. The question of the development of an indirect inguinal hernia is determined by the degree of obliteration of the processus vaginalis testis and the development of the abdominal musculature. The existence of an inguinal hernia is best determined by seeing a bulge on coughing or on asking the subject to spread his leg wide and then to lift a weight. If no impulse (bombardment) is felt by the examining finger within the ring while the subject is coughing, the question of hernia need not be considered.—J. A. M. A., Vol. 123, No. 15, p. 1004.

SOCIAL PROBLEMS IN OBSTETRICS AND GYNECOLOGY *

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-SEVEN

Alan F. Guttmacher, M.D.
Associate Professor of Obstetrics and Gynecology, Johns Hopkins University Medical School, Baltimore, Md.

You have asked me to speak on the social problems in obstetrics and gynecology. There are many and the field is broad.

To enumerate some of the more important: induced abortion, criminal and therapeutic; sexual sterilization; contraception; applied eugenics; illegitimacy; venereal disease; artificial insemination from an unrelated donor; congenital malformations — their genesis and prevention, and medicine's obligation to the hopelessly malformed new-born—will demonstrate that I must limit discussion to but a few. The practical factor of time precludes consideration of all. I shall choose the three which interest me the most: abortion, artificial insemination, and the treatment of the hopelessly malformed newborn. The half hour at my disposal prevents a complete analysis of any of the three, but I hope to place before you the more important social issues in these very live and pressing problems. Let us start with the hardest first, abortion.

Induced abortion is a social malignancy, a cancerous growth that erodes its way into the very bowels of medicine, and like other malignancies modern methods of therapy have little success in curing or controlling it. Let us examine the problem realistically without religious or moral bias.

First let us consider therapeutic abortion. How often this term is abused you know full well. On many occasions a medically unjustifiable termination of pregnancy is done by highly reputable physicians under the false disguise and verbal sanctity of the magic word, therapeutic. In these cases, because of the patient's social or financial prestige, a minor abnormality is elongated into a major disease. I decry this type of hypocrisy. I have much more respect for the physician who writes on his operative sheet: Indication, "child 10 months old, former patient, strenuous objection to this pregnancy", than the falsified indication of "malnutrition" in a woman who is five pounds below her calculated weight.

In most states the law specifies that interruption of pregnancy is legal if two physicians in good standing state that continuation of the pregnancy places the life of the mother in jeopardy. Doctors agree on the justification of therapeutic abortion in the presence of severe organic disease, but there is divided medical opinion in cases involving eugenic issues, or drastic social situations. For example, is it legal to abort a healthy child impregnated by her father, or a girl raped by several soldiers? And is the interruption of pregnancy in such cases within the confines of approved medical ethics? Both the legal and medical attitudes have been clarified in England by the case of the Crown vs. Aleck Bourne, tried in 1938.[1] Bourne, an eminent gynecologist and obstetrician, aborted without compensation, on the public wards of St. Mary's Hospital, a fourteen-year-old girl who had been raped by several troopers of the Royal Horse Guards. After the operation he notified the Attorney General and asked to be arrested. The Attorney General complied and Bourne was accused of doing an illegal abortion since the termination of pregnancy was not done to "preserve the life of the mother", which in no way was threatened by its continuation. At the trial, which lasted two days, Bourne's defense was that the phrase "preserve the life of the mother" did not mean only the physical life, but the emotional and psychic life as well. On the basis of this interpretation, the jury rendered the verdict of "Not guilty", after deliberating for only forty minutes.

This liberalization of English law has no counterpart, and could have no counterpart in

* Read before the Section on Obstetrics and Gynecology of the Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

1. The English Abortion Trial. The Journal of Contraception, 1938, 3:154.

this country. In the United States each State has its own abortion statute, most of them dating from 1867, and each State would have to have its own Aleck Bourne.

I shall relate a case which occurred in my native Maryland. Several years ago a child of fourteen was brought to me at the Hopkins Hospital by one of the social agencies. She had been impregnated by her own father, and he had already been sent to the penitentiary for his crime. The social agency requested therapeutic abortion for their client. My revered teacher, Dr. J. W. Williams, was still alive and in charge of the obstetrical service at the Hopkins. Despite his sympathy for the horrible situation, he said he was powerless to act since it was contrary to the Maryland statute on abortion. Being youthful and idealistic, I was appalled, and pleaded with Dr. Williams that something be done. He agreed to perform an abortion if I would get the written consent of Baltimore City's State's Attorney. I saw the State's Attorney, and just as you imagine, five months later the little girl bore her father's child.

If the status of therapeutic abortion is judged far from ideal because of the elastic conscience possessed by many honest physicians, and the mediaeval conservatism of the abortion statutes, then the criminal abortion situation must be diagnosed as tragic and revolting.

No one knows the incidence, mortality, or morbidity of criminal abortion. The figures of experts, as they frankly confess, are statistical guesses.

In the 1936 edition of his book, "Abortion",[2] the late Dr. Frederick Taussig stated that one abortion occurs to every two and one-half confinements in urban communities, and one to every five births in rural areas. On the basis of the Taussig formula, Dr. Dunn of the Bureau of Census, calculated that in 1940 there were 734,000 abortions in the United States.[3] Approximately 25 per cent of abortions are spontaneous, 10 per cent therapeutic, and 65 per cent criminally induced. Using the Taussig estimate of 734,000 abortions, we can calculate that there were over 477,000 illegal abortions in this country during that year, many more than a thousand a day.

Dr. Dunn, on the basis of his own data, thinks the Taussig figure too high, and places the ratio of abortions to viable confinements at one to 5.6 in urban communities and one to 9.4 in rural regions. We can calculate from the Dunn formula that there were over 216,000 criminal abortions in the United States in 1940. Thus, according to two qualified experts, between a quarter and a half-million criminal abortions are performed annually in the United States. Dr. Dunn places the theoretical mortality from the three types, spontaneous, therapeutic and criminal at one per cent, and Dr. Taussig at 1.1 per cent. Both authorities agree that the criminal type carries with it a far greater mortality than either the spontaneous or therapeutic. Thus it seems safe to theorize that between 3,000 and 8,000 women die in this country each year from illegal abortions. I stress that this is pure theory, for as Dr. Dunn so forcefully states, the actual mortality is "anyone's guess".

Dr. Dunn estimates that 30-35 per cent of the maternal deaths in this country are due to abortion. According to Sangmeister,[4] they represented 29.8 per cent of all puerperal deaths in Philadelphia from the decade 1931 to 1941.

With this I shall conclude the discussion of incidence and mortality. Now let us consider two very important sociologic facts—on whom are the criminal abortions performed and who performs them?

Taussig writes: "The vast majority of all abortions, equalling 90 per cent, occur among married pregnant women, especially those between 25 and 35 years of age who have had several children." Dr. Stix[5] in her study found 85 per cent were married, 12 per cent single and three per cent widowed or divorced.

Finally, who are the operators? Again turning to Taussig, we read, "Over one-half of the illegal inductions of abortion are done by physicians, one-fifth by midwives", and less than three-tenths by the patient herself.

2. Taussig, F. J.: Abortion. C. V. Mosby Co. 1936.
3. Dunn, H.: Frequency of Abortion, Its Effect on Maternal Mortality Rates. Bureau of the Census Vital Statistics. Special Reports, July 30, 1942, 15:433.
4. Sangmeister, H. J.: A Survey of Abortion Deaths in Philadelphia from 1931 to 1940, inclusive. Amer. Jour. of Obs. and Gyn., 1943, 46:755.
5. Stix, R. K.: A Study of Pregnancy Wastage. Millbank Memorial Fund Quarterly, 1935, 13:347.

Here then, is a dangerous, lethal disease about which we know many pertinent medical and sociological facts. Of each ten women who die in pregnancy, three die from criminal abortion; the vast majority who die in this way are ordinary, faithful married women with several children.

What do we doctors do about this malodorous situation? We do a modicum of fact finding, but our contribution ends there. There has not been a constructive suggestion made in this country about the abortion problem in the last century.

May I venture the bold but logical suggestion that we change the law. All of the previous facts prove that the present law does not work, then why not substitute a more liberal law that will? You ask, what law would you suggest? To give the proper answer requires the wisdom of Solomon. However, I feel that a new law must allow the safe and legal abortion of all married women who have already borne several children; it must allow the unmarried girl to escape from her first misstep without the danger of death or social disgrace; it must take into consideration certain clear-cut social, economic and eugenic situations which would make a child ill-advised for both the woman and the state; and it must make the woman who is criminally aborted, outside the scope of such a liberalized law, equal in guilt with her abortionist. A liberalized law rigidly enforced would do more to control the abortion racket than our present harsh law which is totally disregarded, except just before an incumbent State's Attorney stands for reëlection.

The next problem I wish to present is artificial insemination from an unrelated donor. First, if you will permit, I should like to make some general remarks about the procedure of artificial insemination, and then some specific remarks about the social problems involved.

Artificial insemination is not a brand-new technique. Jacobi [6] successfully employed it in fish-culture early in the eighteenth century, and Spallanzani seventy-five years later in the dog. The first human case was done toward the end of the same century by the great English surgeon, John Hunter. It was a case of hypospadias; the husband collected his semen, and apparently under Hunter's direction, injected it into his wife by means of a syringe. Pregnancy resulted.

However, artificial insemination was infrequently used as treatment for sterility until the past ten or fifteen years. Now it has become the vogue—the treatment of last resort for all infertile matings. This I deplore very strongly.

I believe that homologous artificial insemination, the use of the husband's semen, is only indicated when normal coitus is prevented by hypospadias, impotence, vaginismus, extreme obesity, etc. In my own experience, it is utterly useless to substitute artificial insemination for normal intercourse and expect to cure sterility. I have never had a single pregnancy occur as the result of artificial insemination with a husband's subnormal semen. To give feeble spermatozoa a two-inch boost on their six-inch journey is hardly sufficient to accomplish the intricate mechanism of fertilization.

The use of the husband's semen carries with it no medical-social problems; however, this is not true of heterologous insemination, the use of semen from a donor other than the husband.

Artificial insemination from a foreign donor is a successful procedure, but this frequent success should not entice us to use it except when strictly indicated. The two large classes of cases for which it is suited are those in which the husband is irrevocably sterile, and those in which eugenic considerations make it important for the husband not to sire his own child. The former group requires no elucidation. As examples of the latter, I may refer to two women with whom I am working now. The first, who is Rh negative, had an erythroblastotic child in her second pregnancy, and we have attempted to impregnate her with semen from donors with Rh negative blood. Thus far we have not succeeded after seven inseminations. The second is a Jewess whose only child died of amaurotic familial idiocy (Sachs-Tay disease) several months ago. We were successful in impregnating her with the semen from a man of a non-Jewish race, but unfortunately she had a spontaneous abortion

6. Guttmacher, A. F.: The Role of Artificial Insemination in the Treatment of Sterility. J. A. M. A., 1942, 120:442.

two weeks ago. However, she intends to try again in the near future.

For artificial insemination the semen does not have to be collected sterily, since we simply spurt it at and just within the external os exposed by a bivalve speculum. The only other apparatus needed is a luer syringe and a long, large gauge needle. You note I said spurt it at, and just within the external os. In the human it retards success and creates an opportunity for infection if the semen is carried up into the body of the uterus. The stock breeder has taught us that artificial insemination is most likely to succeed if we simulate normal intercourse by placing the semen where it is ordinarily deposited in each species. In sows, for example, in which intrauterine insemination is the norm, the semen must be injected directly into a uterine horn, if artificial insemination is to succeed; on the other hand, in the cow the best results are obtained when the semen is placed 1 to 2 cms. above the external os, and in sheep a distance of .5 to 1.0 cm. within the cervical canal.[7] In my experience the best place for deposit in the human is at the external os.

I feel that the moral and legal difficulties attendant upon artificial insemination from an unrelated donor, are not as dangerous or formidable as do many of my colleagues, or the editorial board of the Journal of the American Medical Association.[8, 9, 10, 11, 12] It may be that I am unwisely trusting, or that provincial medicine in Baltimore is happily uncomplicated when compared to New York and Chicago. If a doctor is honest and uses his God-given common sense, no serious medical-social problem exists in a heterologous insemination.

A few years ago I wrote a credo to guide my own practice in regard to artificial insemination. It was published two or three years ago, and in the time which has passed I have seen no reason to change it.

It is formulated in six rules.

Rule one: The donor must remain completely anonymous to the recipient and the husband, and the recipient and the husband must remain equally anonymous to the donor.

Rule two: Before attempting artificial insemination, know the couple; their intellectual capacity and emotional stability, and if possible the likelihood of a permanent marriage. Only a small percentage of patients applying qualify for so radical a social procedure. When a doctor consents to do an artificial insemination from an unrelated donor, it is really the couple's insignia of good character. Artificial insemination must always be completely individualized. It should never be an assembly-line kind of medical treatment.

Rule three: Never urge the procedure; if either husband or wife are lukewarm, drop it completely.

Rule four: Forget signed papers. If the patients are carefully selected, contracts and agreements are unnecessary, and act as a permanent reminder of something which should be forgotten as quickly and completely as possible. In the ideal case, by the time the patient reaches term, the woman, the husband and the doctor have to think twice to remember that the pregnancy is physically not the husband's, for psychically it has become his.

Rule five: Accord paternity to the husband both in the hospital record and the birth certificate. Here a white-lie is a kindly, humane act.

Rule six: Make the fees low; keep artificial insemination out of the mercenary column. View it as a personal medical service, the contribution of an aesculapiad to the happiness of some wretched, worthy, sterile couple.

Many of you may hold serious objection to rule four (forget signed papers), since if legal proceedings are entered into at any time after the child's birth it may be declared a bastard, unless signed permission had been registered by the husband. There is even some doubt that the husband's signed permission would necessarily invalidate this possibility, but thus far the matter has not been put to legal test. Then too, if the child is the husband's beneficiary, its share of an estate may be contested unless

7. Lambert, W. V., and McKenzie, F. F.: Artificial Insemination in Livestock Breeding. United States Dept. of Agriculture. Circular No. 567, 1940.
8. Cary, W. H.: Experience with artificial impregnation in treating sterility. J. A. M. A., 1940, 114:2183.
9. Beardsley, G. S.: Artificial cross insemination. West. J. Surg., 1940, 48:94.
10. Weisman, A. L.: Selection of donors for use in artificial insemination. West. J. Surg., 1942, 50:142.
11. Editorial, Artificial insemination and illegitimacy. J. A. M. A., 1939, 112:1832.
12. Fishbein, M.: Personal communication.

it had been legally adopted by the husband. I recognize these possibilities, but if one is going to submit a child, conceived by artificial insemination, to all this glaring publicity, it robs the procedure of the one big advantage it possesses over adoption. Artificial insemination is supposed to make the world believe, and therefore the couple feel, that the infant is theirs, theirs just as much as if it was conceived upon the marriage bed. And so, with naive faith in my fellow men I omit all legal proceedings and telltale signatures.

In regard to the fifth rule, it is a violation of the law to falsify the birth certificate. But of what earthly medical, statistical significance could it be that Jimmy Jones and not Sammy Brown sired Sammy Brown, Jr.? It is a violation like burning leaves in the street so they will not scatter over the neighbor's lawn. It is the type of offense in which the good accomplished, completely neutralizes the infraction of a law.

Following this unorthodox credo, a successful artificial insemination has become one of the most satisfying of all medical experiences. It would require a petrified heart not to warm to the scene of a sterile father doting on his two children, who, according to the neighbors, resemble him very closely.

As the third and final problem, I should like to pose the question, what is a physician's obligation to his patient and society when he delivers a hopelessly malformed infant, or a typical mongolian idiot? There is no correct answer—the only answer one can give is that the individual doctor must act according to his own conscience. This means he must act in consonance with his social background. The wide divergence of opinion held on the matter by men of equal training and morality was illustrated several years ago at an obstetrical staff conference at the Hopkins Hospital in which I participated. The case under discussion was a newborn with extreme spinabifida and early hydrocephalus. The child did not breathe at birth and the argument concerned a doctor's obligation to resuscitate such an infant. Two of the senior men thought that every effort should have been made since we are simply tools of God and must fan the spark of life for His sake; two others thought that the child should have been put aside with no positive or negative efforts;—God's will be done. The fifth thought that positive efforts should have been made to prevent such a monstrosity from breathing. I dare say if this audience were canvassed we would find a similar division of opinion.

What causes this difference among you? There are several factors: religion; the home environment you stem from; your attitude toward the inviolability of the written law; whether or not you are a chronic conformist; and finally your frank attitude as to the function of the physician. My answer to the latter query is that our rôle is to bring as much happiness to our patients as possible—happiness through safeguarding health, both physical and mental. In this latter capacity, we must spare them great unhappiness whenever we can. In view of this definition, you realize how I voted.

I should like to recite an actual case history to show the point of view of at least one enlightened clergyman. On an early June morning a few years ago a patient was delivered of her second child. As the child's head cleared the perineum the obstetrician let out an unconscious oath, "I'll be damned, it's a mongol." More mature inspection confirmed this. However, before taking any drastic steps he wanted medical confirmation, but it was too early to disturb any pediatric consultant. In the meantime the parents saw the child and they remarked how cunning and unusual it looked. At about nine the professor of pediatrics at the Hopkins confirmed the diagnosis. The doctor then sent for the baby's father and told him frankly what the harrowing prospects were. Further he told the father that he would do whatever he wished after he had thought the matter over. The man asked to be allowed to discuss it with his brother. Assent was readily given and arrangements made to meet again at 5 in the afternoon. The second interview was opened by asking what the brother's views were. The father said he had not talked to his brother, but to his minister. In no uncertain words the pastor had said that it was "ungodly" to let such a child survive. This

reinforced the husband's decision, and with the aid of five grains of morphine his desires were carried out. Incidentally the couple has had a perfectly normal child since.

In closing, I should like to state that I am not a propagandist. I am not attempting to persuade you to accept my views on abortion, artificial insemination or the extinction of hopelessly abnormal infants. I have simply tried to place my views before you in a clear and frank manner and in so doing to stimulate you to think about some of the medical-social problems of modern obstetrics. Are the age-old, conservative answers to be perpetuated?

THE ROLE OF ABSTINENCE IN THE ETIOLOGY OF DELIRIUM TREMENS

Delirium tremens is not to be regarded lightly. The crude mortality with the old methods of treatment (by purges and venesection) was 37 per cent. In the last few years, improved methods of therapy have reduced this figure to about 5 per cent. But even now, differences persist with regard to the etiology, pathology and therapy of the disease. A search of the literature reveals many conflicting views on the question of withholding alcohol during the prodromal stage; but the experience of the majority of psychiatrists in this country is that, providing the general needs of the patients are considered—their nutrition, fluid and electrolytic balance attended to and sedatives used judiciously—there is no place for the administration of alcohol in the treatment of this phase of alcoholism.

One hundred four admissions of chronic alcoholics during a drinking bout are cited. They all complained of nervousness and sleeplessness, and most of them kept asking for a drink to quiet their nerves. In no case was this given, and in no instance did delirium tremens develop.

The relationship of the liver to delirium tremens has been recognized by such authorities as Bowman, Hurst, Scharemberg and Binswanger. We can be fairly safe in assuming that there is hepatic disfunction in most cases. Malamud's work indicates that chronic hepatic disfunction has a definite influence on the central nervous system, and it seems logical that deliriants must suffer at least temporarily the metabolic disturbance which precedes such lesions.

Pathologically, there is no evidence that abstinence is a factor in the onset of delirium tremens, and the evidence of hepatic disfunction is a strong contraindication to the giving of liquor.—(Author's Abstract.) J. G. Sheps, M.D., J. Nerv. & Ment. Dis., 95:278-284, March, 1942. (Clinical Abstracts, 1942.)

MANAGEMENT OF THE APPENDICEAL STUMP

Three basic methods are employed in treating the appendiceal stump: (1) Simple ligation, (2) ligation and inversion of the appendiceal stump, and (3) inversion without ligation. Each has its adherents and opponents. The author finds the ideal procedure to be inversion without ligation as opposed to simple ligation or ligation and inversion. This method is sound surgically, for it approximates serosa to serosa, and inverts the crushed stump into the lumen of the cecum where drainage is adequate. It obviates the objections inherent in the two other methods.—L. Felger, S., G. & O., 1941 (Clinical Abstracts).

STATE ACTIVITIES

WELFARE COMMITTEE MEETING

Following meetings of the Subcommittees on Public Health, Medical Practice and Legislation at 11:00 a. m., Sunday, October 1, 1944, at the Hotel Hildebrecht, Trenton, the Welfare Committee met at 2:00 p. m. Chairman J. Howard Hornberger of Roebling presided.

Chairman Hornberger expressed his appreciation for the honor of presiding over the Welfare Committee and asked the sincere coöperation of all by confining remarks to the subject at hand, but at the same time allowing an opportunity for anyone to speak on any subject pertinent to the Society.

President Londrigan extended his greetings to the Committee. He asked for the conscientious coöperation of all for a united effort for the benefit of the Society as a whole, and pledged the honor of his office for the welfare of The Medical Society of New Jersey.

LEGISLATION

Dr. L. Samuel Sica, Chairman of the Subcommittee on Legislation, presented the following report which was unanimously approved.

Investigation of the Licensing of Chiropractors—It is not known when this investigation will get under way, but the material and data which the Committee has collected and analyzed can be utilized in support of the position of organized medicine—that chiropractors or any other sectarian practitioners should *not* have a separate Board of Examiners and, in the public interest, should be compelled to meet high educational requirements, equivalent to those presently prescribed by the State for licensure to practice medicine. If and when these hearings are held we think it essential that the Committee should have a stenographic transcript of the proceedings, so that a brief may later be prepared for presentation to the Committees of the Legislature or to all members of the Legislature.

Reorganization of Departments of the State Government—The Committee recommends:

1. That the efforts of the medical and allied professions to present a united front as to recommendations or proposals to be made to the Commission on Reorganization of State Departments affecting Board of Examiners, be continued.

2. That we vigorously oppose any plan of reorganization of State Departments which may vitiate the Medical Practice Act or interfere with the autonomy of the Board of Medical Examiners in the administration of that Act.

Revision of the Workmen's Compensation Act—The revision of the Workmen's Compensation Act is being presently considered by the Commission on Post War Economic Welfare. The Committee suggests that representatives of the Medical Practice Committee and perhaps the Medical Service Administration endeavor to ascertain whether the Commission is considering presenting recommendations for the improvement of medical care, also the contemplated revisions in the Workmen's Compensation Act. If and when the Commission presents its ideas on these subjects, either in the form of recommendations to the Legislature or in the form of legislative bills, then they become the responsibility of the Legislative Committee.

Licensure of Physicians—Veterans of This War—The Committee on Post War Medical Service of the A. M. A., on September 9th (J. A. M. A., Sept. 23, p. 243), adopted recommendations that the medical practice acts of all states be amended to provide that graduates of medical schools in good standing, licensed by a state of the United States, who have served in the military or naval service on or after Sept. 16, 1940, and been honorably discharged, be admitted to practice without requiring examination. The Legislative Committee recommends that this recommendation of the A. M. A. be disapproved.

To permit a fuller exposition of the subjects on the agenda of the Subcommittee on Legislation a supplementary report was distributed. Copies may be obtained from the Executive Offices.

MEDICAL PRACTICE

Dr. Sigurd W. Johnsen, Chairman of the Subcommittee on Medical Practice, presented the following report:

Revision of the Workmen's Compensation Act—In order to find out what is going on before the Commission on Post War Economic Welfare brings out its proposals, it is recommended that the Chairman of the Medical

Practice Committee appoint a committee to contact the Commission, of which former Senator and now Judge Eastwood is Chairman, and that the Executive Secretary of the Legislative Committee be permitted to serve.

After much discussion as to the proper procedure in the appointment of this special committee to meet with Judge Eastwood, the Welfare Committee adopted a motion that the President appoint a special committee to meet with Judge Eastwood and/or members of the Commission and discuss this matter.

Program and Further Work on Post War Planning — The Committee is continuing its work on post war planning and will report its progress from time to time. The latest development is that the White Paper, reported nearly a year ago, embodying a complete and comprehensive medical insurance plan for Great Britain, is now before Parliament. The British Medical Society had been promised that they would be consulted and their approval obtained before the introduction, but it has been introduced and it has never been approved by the British Medical Society. They were not consulted at all. A similar plan for Canada, described last year, identical to the Wagner-Murray-Dingell Bill, will shortly be introduced in the Canadian Parliament.

Workmen's Compensation—Dr. Harryman, Chairman, reported he has been requested to hold a meeting with the Commissioner of Labor on the proposed recommendations and changes in the Workmen's Compensation Law. Dr. Carlisle, Chairman of the Industrial Health and Hygiene Committee, and Dr. Harryman are going to interview Mr. Parsonnet, attorney for the A. F. of L., in an attempt to find out what is going on in regard to the Workmen's Compensation Law.

Medical Care of the Indigent—Dr. Blackburne, Chairman, reported on the City of Newark Plan, which is being administered through the Medical Service Administration. Further study is being made to determine the advisability of extending this plan on a state-wide basis.

Nursing and Nursing Education — Dr. D'Arcy, Chairman, reported a communication from the American Red Cross, North Atlantic Area, in which they requested the consent of the State Society to train a selected group of volunteer nurses' aides to assist graduate nurses in the treatment of infantile paralysis cases. The Medical Practice Committee recommends the inauguration of this program in New Jersey.

The Welfare Committee unanimously adopted the recommendation.

The above portion of the report of the Medical Practice Committee was adopted as a whole.

Emergency Maternal and Infant Care—By action of the House of Delegates last year's Special Committee on EMIC was discharged and the subject referred to the Medical Practice Committee for continuation. After reviewing the resolution adopted by the House of Delegates last April, the Medical Practice Committee could not decide what the resolution really meant, and asked that the whole EMIC program be discussed in the Welfare Committee and the Medical Practice Committee be instructed as to its position in this matter.

The EMIC program was discussed by Dr. Levy, Director of the Bureau of Maternal and Child Health, under which the program is administered, and by other members of the Welfare Committee.

The Welfare Committee unanimously adopted a recommendation that the Board of Trustees be requested to give an interpretation of the resolution passed by the House of Delegates pertaining to coöperation in the EMIC program.

PUBLIC HEALTH

Dr. Frederick G. Dilger, Chairman of the Subcommittee on Public Health, presented the following report which was unanimously adopted:

School Health—Dr. Guthrie, Chairman, recommended that the Society form a joint committee with certain key health organizations, consisting of five doctors to be appointed by the State Society and five physical educators or health officers, to consider the implications of the Federal Physical Fitness Program.

Child Health—Dr. Murray, Chairman, recommended that the Medical Society condemn the restrictions on the renting of dwellings to families with children under 14. This committee will continue last year's work with special emphasis on infectious diarrhea of the newborn.

Maternal Welfare—Dr. Mount, Chairman, has raised the question of providing a paid secretary to continue this work.

Venereal Disease Control—Dr. Livengood, Chairman, raised the question of redefining the period of infectiousness of syphilis which appears to have been changed with the progress made by using penicillin in its treatment.

Tropical Disease Control — Dr. Segard, Chairman, recommended:

1. That the Committee be permitted to communicate with those states having committees

on tropical diseases so that where possible uniformity of state committees' actions can be carried out.

2. That the Committee be permitted to add as technical advisers: a tropical disease pathologist, a tropical disease malariologist and parasitologist, a tropical disease pharmacologist, and a tropical disease clinical medicine specialist.

3. That the Committee be permitted to communicate with the three Surgeons General as to the best method of coöperation between them and the State Medical Society regarding discharged service men who might have tropical diseases.

At the suggestion of Dr. Levy the State Department of Health is to be contacted also.

4. That the Committee prepare a bulletin for distribution to physicians outlining and discussing the five most common tropical diseases.

REVIEW OF MEDICAL SERVICE ADMINISTRATION PLANS AND MEDICAL-SURGICAL PLAN

Dr. Norman M. Scott, Medical Director, presented charts and distributed pamphlets reviewing the experience of the Plans. Copies of Dr. Scott's paper which he is to present before the 16th Scientific Assembly, Washington, D. C., on October 7th, were also distributed.

RESOLUTION FROM NEW JERSEY STATE MEDICAL ASSOCIATION

A letter from the President of the New Jersey State Medical Association and resolution on the situation of the Negro doctor, was referred to the Subcommittee on Medical Practice for consideration.

The meeting adjourned at 4:00 p. m.

EDITH L. MADDEN,
Acting Executive Officer.

NUTRITION IN EVERYDAY PRACTICE

S. WILLIAM KALB, M.D., Newark, N. J.

Nutrition Representative, Tuberculosis and Adult Disease Control Advisory Committee to the Subcommittee on Public Health

1. *Is it necessary for the aged to have vitamins routinely?* Persons over 60 have a marked vitamin C deficiency and to some extent a deficiency of the B complex vitamins. There is also a decrease in the minerals, iron and calcium. A progressive achlorhydria takes place which can be helped with hydrochloric acid. To abort the infirmities of old age the above therapeutic agents should be given together with a balanced diet daily as follows: 1 pint milk, 1 egg, meat or fish, 1 potato, 1 green and 1 yellow vegetable, 1 citrus fruit or tomato and 2 slices of whole wheat or enriched bread.

2. *Do vitamins help in senile psychosis?* Yes, the B complex aids the behavior pattern considerably.

3. *I have used 25,000 units of vitamin A daily in a patient with night blindness for the past six months without any result, why?* The vitamin A needs a booster. Give the patient a good supply of phosphorus and calcium. This can be obtained by prescribing calcium lactophosphate gr. x t. i. d.

4. *Are oysters considered a good food?* They are nutritious since they contain protein, fat, cholesterol, minerals (Ca, P, Fe, Cu, Mn, Cl), vitamins (A, B_1, C, D, G) and the anti anemic principle.

5. *Does the average American diet contain a sufficient amount of vitamins?* No, an overabundance of starch and sugar produces deficiencies in B_1, B_2, and niacin. A low fat diet may cause deficiencies in vitamins A and C, and in calcium and phosphorus.

6. *Do any of the vitamins help in the treatment of traumatic shock?* Yes, ascorbic acid 2,000 units b. i. d.

7. *What is effective in giant hives?* Nicotinic acid 20 mg. b. i. d.

8. *A warning about mineral oil and its effect on Nutrition.*

A recent publication of the Department of Agriculture warns that the increased use of mineral oil since the war in salad dressings and also in such foods as salted nuts, potato chips, and doughnuts, may have serious nutritional consequences. Experimen-

tally it has shown that mineral oil interferes with the absorption of vitamins A and D and also of calcium and phosphorus.

Mineral oil has come into wider use in food preparations recently because it has not been rationed as many food fats and oils have been, and because it is plentiful, relatively cheap, and does not become rancid. It has practically no taste so cannot be detected in salad dressing. Mineral oil dressing is widely sold also for "reducing" diets.

Unfortunately, few people understand the possible harmful effects of the continued use of mineral oil. Mineral oil has a useful function when properly used but its continued use over long periods of time, particularly if taken with food, may lead to nutritional disorders.

In a warning to physicians against the indiscriminate use of mineral oil, the *Journal of the American Medical Association* recently stated: "The ingestion of mineral oil is capable of interfering seriously with the absorption of carotene, the precursor of vitamin A, with vitamin A itself, and also with vitamin D, calcium phosphorus and vitamin K. The prolonged use of mineral oil may be associated with disturbances related to deficiencies of such vitamins."

(Nutrition Reviews, August 1944)

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Cannon, E. A. (Hoboken)
Thiouracil medication in hyperthyroidism, hypertension and neuroses. J. Med. Soc. N. J. 41: 339-343, Sept. 1944

Carlisle, James M. (Merck, Rahway)
Physical medicine in industry. Indus. Med. 13: 679-682, Sept. 1944

Carpenter, Cedric C., Lieut. Comdr. (Summit)
Failure of penicillin to prevent syphilis. U. S. Naval Medical Bulletin 389-390, Aug. 1944

Foster, Jackson W. (Merck, Rahway)
Microbiological aspects of riboflavin. III. Oxidation studies with pseudomonas riboflavin. J. Bact. 48: 97-111, July 1944

Kalb, S. William (Newark)
Nutrition in everyday practice. J. Med. Soc. N. J. 41: 353, Sept. 1944

Lyle, Annie Mary, F.A.S., F.A.I.A. (Prudential, Newark)
Further observations on the deep Q_3 of the electrocardiogram. Am. Heart J. 28: 199-216, Aug. 1944

Mayer, Rudolf L. (Ciba, Summit)
Influence of sulfanilamide upon the yellow pigment formed by mycobacterium tuberculosis from p-amino-benzoic acid. J. Bact. 48: 93-96, July 1944

Morgenstern, Mates—see Stein, William

Murray, Clifford K., Lieut. MC-V(S), U.S.N.R. (Ventnor) with Capt. C. M. Shaar (MC) U.S.N.
Red blood cell paste in treatment of ulcers and chronically infected wounds. J.A.M.A. 125: 779-782, July 15, 1944

Parkes, Morey (Curtiss-Wright, Caldwell)
Use of the foreign body locator (Berman) in industrial practice. Am. J. Surg. 65: 373-380, Sept. 1944

Sherman, A. Russell (Newark)
Eye injuries in industry and determination of their disability. J. M. Soc. N. J. 41: 332-338, Sept. 1944

Singer, Max, Chairman (Newark)
Newark Beth Israel tumor conference, April 5, 1944. J. Med. Soc. N. J. 41: 347-350, Sept. 1944

Stein, William, and Morgenstern, Mates (New Brunswick)
Sensitization to thiamine hydrochloride; report of another case. Ann. Int. Med. 20: 826-828, May 1944

Wachstein, M. (Passaic)
Fatal bismuth poisoning in the course of antisyphilitic treatment. Am. J. Clin. Path. 14: 392-398, July 1944

Weisman, Stephen L., Capt., M.C. AUS (Paterson), with Lt. Col. Leon S. Medalia, M.C., AUS
Superficial epitheliomatosis. Report of a case. Arch. Derm. & Syph. 50: 117-119, Aug. 1944

Wiesenfeld, Paul C. (Orange)
Report of 17 cases of posterior bone block. J. Med. Soc. N. J. 41: 344-346, Sept. 1944

OBITUARIES

DR. WILLIAM KING CAMPBELL

Dr. William K. Campbell, eye, ear, nose and throat specialist who had practiced medicine 44 years, died of a heart attack at his home in Long Branch on September 21, 1944. He had been in failing health two years.

Dr. Campbell was born in Brooklyn in 1878 and moved to Long Branch in 1890. He was graduated from the University of Pennsylvania Medical School in 1900 and took post-graduate courses at Polyclinic and Wills Eye Hospitals in Philadelphia and New York Eye and Ear Infirmary. He was on the staff of Monmouth Memorial Hospital 39 years.

Dr. Campbell was a frequent contributor to *The Journal* and was active in State Society affairs. He was a member of the Woman's Auxiliary Advisory Committee and Chairman of the Eye, Ear, Nose and Throat Section in 1941.

Dr. Campbell was a member of the Monmouth County Medical Society, The Medical Society of New Jersey, American Medical Association, Fellow of the American College of Surgeons, Past President of the Monmouth County Medical Society, member of the Practitioners Society of Eastern Monmouth, Medical Society of the Greater City of New York, New Jersey Association of Medical Inspectors and School of Hygiene. He also was a member of the American Association for the Advancement of Science, National Geographical Society, University of Pennsylvania Alumni Association.

Dr. Campbell touched many facets of civic life. He had been a former Commodore of the Long Branch Ice Boat and Yacht Club, Past Master of Abacus Lodge, F. & A. M., and Vice-President of Long Branch Building and Loan Association. He was a motorboat and fishing enthusiast and made a hobby of taking motion pictures of events along the Jersey shore and on fishing trips on his yacht.

DR. WILBUR M. JUDD

Dr. Wilbur M. Judd, member of the medical staff of the New Jersey State Hospital at Greystone Park, died there on September 1, after being stricken by a cerebral hemorrhage. He had been suffering from arthritis several years and from hypertension the last year.

Dr. Judd was born in Hardwick, Vt., in 1901, and obtained his medical degree in 1927 at the University of Vermont. He interned at Wyckoff Heights Hospital in Brooklyn and practiced in Maplewood for a short time. His health compelled him to move to Tucson, Ariz., but he returned in 1931 to go on the staff at Greystone Park, where he was in charge of the female reception service.

Dr. Judd was a member of the American Medical Association, New Jersey Psychiatric Society, The Medical Society of New Jersey and was reporter for the Morris County Medical Society for the last two years.

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KILLED IN ACTION

MAJOR EDMUND S. KANSES

Major Edmund S. Kanses was killed in action during the Battle of France on July 11, 1944. Major Kanses was 39 years of age. He was graduated from Georgetown University School of Medicine in 1933 and interned at the Monmouth Memorial Hospital in 1933-1934. He practiced medicine in Rumson from 1934 until he was commissioned in the United States Army in 1941.

Major Kanses was a member of the Surgical Staff of the Monmouth Memorial Hospital and a member of the Monmouth County Medical Society, The Medical Society of New Jersey and the American Medical Association.

CAPT. HARRY PAUL SINGLEY

Capt. Harry Paul Singley, formerly of Ventnor, was killed in the invasion of France on June 6, 1944.

Capt. Singley was born in 1909, and was graduated from Jefferson Medical College in 1936. He served as an intern at the Western Pennsylvania Hospital, Pittsburgh. On June 13, 1942, he was commissioned a first lieutenant in the Army Medical Corps and was later promoted to captain.

Capt. Singley was a member of the Atlantic County Medical Society and The Medical Society of New Jersey.

COUNTY SOCIETY REPORTS

ATLANTIC COUNTY

Walter B. Stewart, M.D., Reporter

The first meeting of the year 1944-45 was held in the Solarium of the Atlantic City Hospital on September 8, 1944, at 9:00 p.m., the President, Dr. Charles Hyman, presiding. After the reading of the minutes, the Secretary, Dr. Daniel Reyner, in a stirring memorial, paid tribute to CAPTAIN HARRY SINGLEY, the first one of our medical family to be lost in the present war.

Dr. Joseph McGahn was elected to associate membership in the society.

The financial report of the annual outing revealed a slight deficit, which was not taken too seriously by any of the members.

President Hyman introduced the speaker of the evening, DR. FRANK W. KONZELMAN, newly elected Pathologist and Director of Laboratories, Atlantic City Hospital, whose subject was "The Rôle of the Clinical Laboratory in the Diagnosis of Disease". His main theme was a plea for closer collaboration of clinician and laboratory man, with correlation of the clinical, laboratory, and pathologic findings, thus improving the quality of diagnosis and treatment. Dr. Konzelmann always welcomes the clinician into his office, but at the same time would welcome more frequent invitations to the wards. The chief duties of the laboratory man are first to supervise technicians, for whose errors he assumes responsibility; to teach younger men; and to bring knowledge of the newer developments in clinical pathology to the attention of the practitioner.

The proper interpretation of laboratory findings is of the utmost importance, and no one test should be relied on in the diagnosis of a disease. The presence of albumin and casts is not necessarily indicative of kidney disease. A medical student may have high blood pressure before an examination, but normal blood pressure afterward. The proper interpretation of hemoglobin findings is very important. Hemoglobin must be recorded in *grams* per 100 cc. rather than in percentage with 14 to 17 grams, average 15.6 grams, to be considered as normal. A normal daily fluctuation of as much as one gram may occur. He showed a number of charts in which the hematologic record was correlated with the clinical history; also several cardio-vascular-renal clinical-pathologic charts.

Liver function tests must be interpreted on a background of knowledge of the physiology of the liver and the bile pigments. Dr. Konzelmann showed a series of slides demonstrating the mechanism of jaundice, and how laboratory methods can best be used in differential diagnosis of obstructive and hemolytic jaundice, of stone, and of acute yellow atrophy. No one test, such as the galactose tolerance test, should be used alone, but only in correlation with other available data, which together may lead to the correct clinical diagnosis.

BOOKS RECEIVED FOR REVIEW

PRACTICE OF MEDICINE. By Jonathan Campbell Meakins, M.D., L.L.D. 4th ed. Pp. 1444 with 517 illustrations, including 48 in color. St. Louis, C. V. Mosby Company. 1944. $10.00.

GLOBAL EPIDEMIOLOGY: A Geography of Diseases and Sanitation. By James Stevens Simmons, B.S., M.D., Ph.D., Dr.P.H., Sc.D. (Hon.); Tom F. Whayne, A.B., M.D.; Gaylord West Anderson, A.B., M.D., Dr.P.H.; Harold Maclachlan Horack, B.S., M.D., and collaborators. Vol. 1, Part One: India and the Far East. Part Two: The Pacific Area. Pp. 504. Phi'adelphia, The J. B. Lippincott Company. 1944. $7.00.

REPORT OF THE BARUCH COMMITTEE ON PHYSICAL MEDICINE, April 1944, for Bernard M. Baruch. By Ray Lyman Wilbur, Chairman; William T. Sanger, Vice-Chairman; Frank H. Kusen, Director-Secretary; Charles F. Behrens, Carl R. Comstock, John S. Coulter, Kristian G. Hansson, Benjamin A. Wilkins Company. 1944. $3.50.

MALARIA: Its Diagnosis, Treatment and Prophylaxis. By William N. Bispham, Col. U. S. Army, retired. Pp. 197, illustrated. Baltimore, Williams & Wilkins Company. 1944. $3.05.

PLASTER OF PARIS TECHNIC. By Edwin O. Geckeler, M.D. Pp. 220. Baltimore, Williams & Wilkins Company. 1944. $3.00.

BOOK REVIEWS

Principles and Practice of Industrial Medicine. Ed. by Fred J. Wampler, M.D. Pp. 579. Baltimore, William Wood of the Williams & Wilkins Company. 1943. $6.00.

A long list of contributors have endeavored through the medium of this book to raise the standards of practice of industrial medicine and have succeeded very commendably in their efforts. All phases of industrial medicine are discussed comprehensively and effectively. This volume should be of great value to every physician whose practice includes industrial medicine in any of its branches.

L. SZERLIP, M.D.

(The) **Inner Ear,** Including Otoneurology, Otosurgery, and Problems in Modern Warfare. By Joseph Fischer, M.D., and Louis E. Wolfson, M.D. Pp. 421. New York, Grune & Stratton. 1943. $5.75.

This volume proves to be an exhaustive study of the anatomy, physiology, pathology and diseases of the labyrinth. It is perhaps most useful as a reference from the standpoint of the neuro-otologist or the neurologist, although there are chapters of practical importance to the otolaryngologist. The thoroughness of treatment with minute attention to detail is a tribute to the European background of one of the authors. Each chapter is accompanied by a very complete bibliography pertaining to the particular subject of that chapter. From the practical standpoint, the most interesting and instructive part of the book is found in the last four chapters on Ménière's syndrome, war trauma as applied to the end organs of the ear, the behavior of the ear in aeronautics and the effects of atmospheric pressure changes on the ear. This is not a book that one sits down and reads with pleasure and ease, but it will undoubtedly prove of value as a source from which much obscure information may be gleaned. W. FRANKLIN KEIM, JR., M.D.

Mind of the Injured Man. By Joseph L. Fetterman, M.A., M.D. Pp. 260. Chicago, Industrial Medicine Book Co. 1943. $4.00.

The author, now in military service, has written in an interesting manner a fine, timely and practical book about trauma and the nervous system. Fetterman has drawn from a large personal experience as well as from literature to produce in a succinct form a valuable addition to the ever-growing literature dealing with accidental trauma and its medico-legal relationships.

For general practitioners, lawyers and those dealing with the injured it should prove helpful. Although there are some points concerning which one might differ, on the whole the author has a refreshing point of view.

One is inclined to believe that in the oversimplification of the text, the lay person reading it may take too much for granted, but this is not a serious defect.

The illustrations are good, the case histories are ample and diversified and the book is well set up. It can be recommended to all those interested in the subject and should be in every medical library.

CHARLES ENGLANDER, M.D.

Office Treatment of the Nose, Throat and Ear. By Abraham R. Hollender, M.Sc., M.D., F.A.C.S. Pp. 480, illustrated. Chicago, Year Book Publishers, Inc. 1943. $5.00.

One of the deficiencies in otolaryngologic teaching, and in fact in most of the various fields of medicine, has been the woeful lack of instruction in the intricacies of office treatment. To some degree residencies have helped to bridge the gap, but there still remains a wide disparity between clinic treatment and office treatment as it applies to private patients. Residents and practitioners will find Dr. Hollender's book full of the details of treatment as carried out in a modern otolaryngologist's office. The first part of the book is devoted to a discussion of the various forms of therapy that may be employed, such as immunization, physiotherapy and the like. In the second section, the author describes in detail the various procedures, diagnostic and therapeutic, that are used in connection with the many problems that present themselves. To one just entering the field of otolaryngology, such a reference work should greatly help to dispel the apprehension with which one, in such a position, approaches his first patients. Likewise, to the experienced practitioner, this book will be of considerable help, both as a source of new procedures and as a standard of comparison for his own technique. One may not always agree with the methods of practices as described, but one cannot deny that here is a very creditable effort to fill a long felt need. W. FRANKLIN KEIM, JR., M.D.

Tropical Nursing; A Handbook for Nurses and Others Going Abroad. By A. L. Gregg, M.A., M.D., M.Ch., B.A.O. (Dublin), D.T.M. & H. (Lond.), L.M. (Rotunda Hospital). 2d ed. Pp. 185. New York, Philosophical Library. 1944. $3.00.

The diseases which one is apt to find in the tropics are briefly outlined and discussed with valuable hints as to treatment. A glossary at the back of the book, and a section on weights and measures will be found of value when one is far from other sources of information. A chapter on personal hygiene is full of good suggestions.

The book is small and compact and will be easy for anyone going to the tropics to add to his equipment.

MILDRED V. NAYLOR.

Gastro-Enterology (in 3 volumes). By Henry L. Bockus, M.D., and colleagues at the University of Pennsylvania Graduate School of Medicine. V. 2. THE SMALL AND LARGE INTESTINE AND PERITONEUM; Diagnosis and Treatment of Disorders of the Small Intestine, Colon, Peritoneum, Mesentery and Omentum. Pp. 975 with 176 illustrations, 12 in color. Philadelphia, W. B. Saunders Company. 1944. 3 vols. and separate desk index. $35.00.

In reviewing the second volume of Gastro-Enterology one gets an encyclopedic knowledge of the diagnosis and treatment of the disorders of the small intestine, colon, peritoneum, mesentery and omentum. With the aid of capable associates, Dr. Bockus has coördinated the known knowledge of today into a well-balanced book. Each chapter of each condition contains the incidence, etiology, pathogenesis, pathology, clinical features, x-ray, complications, laboratory, diagnosis and treatment as well as the prognosis.

The general practitioner may well spend his time learning the modern concepts and treatments of the intestines, and this book may well serve as a veritable post-graduate course. The gastro-enterologist will find the book a ready reference and review of present-day small intestine conditions.

Especially recommended are the chapters on idiopathic steatorrhea and intestinal carbohydrate dyspepsis which covers in detail modern knowledge of metabolism of the small intestines, as well as the vitamin and mineral deficiencies.

One, having perused the first and second volumes, anxiously awaits the appearance of volume three.

S. Bernard Kaplan, M.D.

Manual of Physical Therapy. By Richard Kovacs, M.D. 3d ed. Pp. 309 with 118 engravings. Philadelphia, Lea & Febiger. 1944. $3.25.

Formerly known as "Physical Therapy for Nurses", the change of name of this book is timely because this manual can be recommended not only for nurses, but also for physicians and technicians. It contains all the essential information that is needed as a basis for the practice of physical therapy. There are chapters on heat and light, electricity in its various forms, electro-diagnosis, hydrotherapy, massage and exercises, the latter written by Dr. Madge C. L. McGuinness. In addition there is a chapter on "physical therapy in war" with well-detailed directions as to the use of physical therapy in injuries to the locomotive system, the nervous system, and the skin and adjacent parts.

With some variation the chapters in the book are subdivided into: 1. General considerations; 2. Physiological effects; 3. Techniques; 4. Therapeutic uses; 5. Contraindications. The manner of presentation is clear and concise, and a comprehensive index enables one to find any desired topic easily.

Physical therapy, or physical medicine as it is now being called, is a subject unknown and unused by many physicians. To the great detriment of the profession, quacks and charlatans of many descriptions have thrived and will continue to thrive until this condition has been corrected. It behooves every physician to familiarize himself with the therapeutic possibilities of physical therapy and to use it. Dr. Kovacs' book provides all the essential facts that are needed for a physician to start physical therapy.

B. S. Troedsson, M.D.

Practical Malaria Control: A Handbook for Field Workers. By Carl E. M. Gunther, M.D., B.S., D.T.M. (Sydney). Foreword by Prof. Harvey Sutton, O.B.E., M.D., F.R.A.C.P., B.Sc., D.P.H., F.R. San. I. New York, The Philosophical Library. 1944. $2.50.

This handbook will be of definite aid to the doctor with academic knowledge of malaria about to do malarial fieldwork. Not only is the book brief and concise, but it is practical in the true sense. The author has tested every recommendation he makes through first-hand experience. To the practicing physician the parts on diagnosis and treatment will be of great interest.

The text is divided into four parts. Part one covers anti-malarial measures with emphasis on reservoir of infection, mosquito control (anti-larval and anti-adult measures), personal measures, and control in military campaigns. Part two deals with diagnosis including the clinical forms of malarial fever, clinical signs, differential diagnosis and laboratory aids. Part three covers treatment, routine and special. Part four covers the complications of malaria, such as blackwater fever and herpes.

Marvin Oransky, M.D.

Virus Diseases in Man, Animal and Plant. A Survey and Reports Covering the Major Research Work Done During the Last Decade. By Gustav Seiffert. Pp. 332. New York, Philosophical Library. 1944. $5.00.

An attempt to make clear a rather complicated subject for the general practitioner is made in this well-written book. It makes interesting reading, the subject matter is well arranged, and there are many references to foreign literature. Laboratory methods are described but these, of course, are not for the general practitioner. On the whole, the book serves the useful purpose of making clear some of the questions which must be disturbing to the general practitioner in any discussion of a subject so poorly understood except by research workers.

Due to the more recent appreciation of the part played in general clinical medicine by virus diseases, this manual should be recommended for reference.

Joseph I. Echikson, M.D.

Urological Surgery. By Austin Ingram Dodson, M.D., F.A.C.S., with contributions by R. A. Berger, M.D., F.A.C.R.; Douglas G. Chapman, M.D., F.A.C.P.; Everett Idris Evans, Ph.D., M.D.; Fred M. Hodges, M.D., F.A.C.R.; Maj. Guy Winston Horsley; Linwood D. Keyser, M.D., F.A.C.S., and Lawrence O. Snead, M.D., F.A.C.R. Pp. 768 with 576 illustrations. St. Louis, C. V. Mosby Co. 1944. $10.00.

As Dr. Dodson has so well stated in the preface, this book is largely an expression of his own experience and represents an enormous amount of work. The author has been brief but in every chapter has described the essential facts in a comprehensive manner. The surgical judgment is sound with a full appreciation of the value of preoperative diagnosis, proper surgical technique and successful postoperative care.

The illustrations throughout the text are above those found in the average textbook and beautifully illustrate the author's point of view. In fact, the genito-urinary tract has been covered in a systematic manner. In addition, such chapters are included as excretory urography; cystography; radiation therapy; acid base balance and fluid administration; blood transfusion; anesthesia in urological surgery; endocrinology and endocrine therapy of the prostate gland, written by men who are competent to state the important facts in these particular fields.

This is a most practical book and is the product of many years of personal observation and experience and can be highly recommended to the urologist and general surgeon.

Charles H. deT. Shivers, M.D.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Mrs. David B. Allman

In the midst of another trying year, it is hoped that the County Auxiliaries will endeavor to carry out the Program of the Woman's Auxiliary and to promote as well any specific problem confronting the individual County.

Our program for 1944-1945, which has been approved by the Advisory Committee to the Woman's Auxiliary and the Board of Trustees of The Medical Society of New Jersey, is as follows:

1. The continued promotion and distribution of *Hygeia.*
2. Advancement of Health Education.
3. Attention to controversial legislative matters such as the Murray-Wagner-Dingell Bill and Emergency Maternal Infant Care.
4. Consideration of Post-War Problems of Medical Economics.
5. Promotion of the Medical-Surgical Plan of New Jersey.
6. Participation in recruitment of students for the U. S. Cadet Nurse Corps.
7. Reëstablishment program for returning members of The Medical Society of New Jersey and their wives.
8. Distribution of knowledge concerning "The Society for the Relief of the Widows and Orphans of Medical Men of New Jersey".
9. Improvement in Public Relations between Organized Medicine and the Laity.
10. The advancement of any specific County problem.

These are our "Ten Commandments" for 1944-45. Let us all work together to make the most of them, for a brighter, happier year to come.

WAR SERVICE

Mrs. Gerald E. McDonnel, Chairman

Let the challenge of each member of the Auxiliary be: "To do her part to help win this war through her efforts in aiding existing war service groups."

Let us consider ways in which the Auxiliary can assist our country in its programs that are essential to winning the war, and our doctors in giving adequate medical care to our armed forces and to the civilian population.

We must maintain an adequate army and navy. Let us give our support to those agencies that are directly responsible for their maintenance.

Constant educational programs should be carried on so that the public will be ever aware of the educational standards of the medical profession, and realize the necessity for maintaining these standards.

The Auxiliary has a real purpose, even though all of us are now carrying added responsibilities. We cannot stop here—we must help win the war and the peace which is to follow.

It will make very interesting reading to compute the many hours of work the busy doctor's wife has given to: Red Cross, Civil Defense, U. S. O., Nurse Recruitment, Procurement and Assignment for Nurses, the sale of War Bonds and Stamps, etc. Forward Auxiliary.

REGIONAL CONFERENCE

MRS. LODOVICO MANCUSI-UNGARO, Chairman, Press and Publicity

The Woman's Auxiliary to The Medical Society of New Jersey held a Regional Conference at the Executive Offices of the State Society in Trenton on Monday, August 28, 1944. County Auxiliary Presidents and Chairmen of State Committees participated in the conference, at which Mrs. Allman, President, presented her program for the year.

The Chairmen of the State Committees sought to correlate the work of all county committees, and each Chairman elaborated upon the program she had outlined in the year book. This was followed by a question and answer period.

It was the opinion of each one present—executive officers of the State Auxiliary, as well as the Presidents of the County Auxiliaries—that a Regional Conference held at the beginning of the year's activities is a stimulus to greater Auxiliary work and that it should be adopted as a permanent custom.

ESSEX COUNTY AUXILIARY FALL LUNCHEON

The regular Fall Luncheon of the *Woman's Auxiliary to the Essex County Medical Society* will be held on Monday, October 23, at the Academy of Medicine in Newark, with Mrs. David B. Allman, State President, as the guest of honor. All members and their friends are urged to attend.

OBITUARY

MRS. ANNA B. KINCH

Mrs. Anna Belle McIntosh Kinch of Westfield, 73-year-old widow of Dr. Frederick A. Kinch, died on August 1 in Muhlenberg Hospital, where she had been a patient for four months.

A native of New York State, Mrs. Kinch taugh school in Westfield before her marriage, to Dr. Kinch in 1896. She was a member of the Presbyterian Church and was active in civic affairs. She was a past regent of the Westfield Chapter, D.A.R., and a former president of the Woman's Auxiliary to The Medical Society of New Jersey.

Mrs. Kinch is survived by a son, Frederick A. Kinch, Jr., in England in Government service; and two grandchildren, Saranne and Frederick A. Kinch III, of Council Bluffs, Iowa.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel L. Salasin, Chairman of Publicity

Mrs. Daniel C. Reyner entertained at luncheon on August 9 at her home, 7210 Ventnor Avenue, for members of the Executive Board of the Auxiliary to the Medical Society of Atlantic County.

Plans for the coming year were discussed at the business session following the luncheon. Among those present were Mrs. Edward H. Dyer, Jr.; Mrs. V. Earl Johnson, Mrs. Baxter H. Timberlake, Mrs. Samuel Salasin, Mrs. Max Gross, Mrs. William O. Roop, Mrs. G. Ruffin Stamps, Mrs. Samuel Goldstein, Mrs. James H. Mason, III; Mrs. Louis Rosenberg, Mrs. David B. Allman, Mrs. Morton Major, Mrs. Robert A. Bradley, Mrs. Herman Kline.

The Woman's Auxiliary to the State Medical Society held a conference at the Executive Offices of the Society in Trenton on August 28, which was attended by Mrs. David B. Allman, Mrs. Ily Beir, Mrs. James H. Mason, III; Mrs. Robert A. Bradley and Mrs. William O. Roop.

All County Auxiliary meetings will be held at the Madison Hotel. Mrs. G. Ruffin Stamps, Program Chairman, announced that the regular meetings will be held the second Friday of each month. Luncheon meetings and program meetings will alternate. The first meeting will honor the State Auxiliary President, Mrs. David B. Allman. Invitations are being extended to the Executive Board of the State Auxiliary. Invitations will also be extended to the wives of all medical officers here to attend the social and business meetings.

The next meeting will be held on Friday, October 13th.

VOLUME 41
NUMBER 10

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **October, 1944** **No. 10**

TUBERCULOSIS presents itself in varying aspects and it is often difficult to recognize it even after careful study. The fact that the death rate from tuberculosis among older men has remained high has not been generally recognized nor its importance in the practice of medicine accepted and the fact applied.

CASE REPORT FROM THE MASSACHUSETTS GENERAL HOSPITAL

Presentation

A seventy-nine year old retired factory manager entered the hospital because of persistent cough. The patient had been in excellent health until six months previously when without upper respiratory infection he developed a paroxysmal cough producing a small amount of nonodorous, greenish sputum. Six weeks after admission the amount of sputum increased to several tablespoons daily. He developed a "smoky feeling" under the sternum at the level of the sixth rib, without definite pain. He has had no hemoptysis, chills, fever or weight loss. A chest X-ray film showed slight enlargement of the heart downward and to the left. The lower part of the right lung field was less radiant than normal. In the lateral view the outline of the middle lobe was easily seen, and its position corresponded to the area of fullness in the right lower chest. The interlobar septa were moderately thickened. The lung fields were otherwise clear.

Six years earlier after a life of extreme activity he had been advised to slow down. Two or three years later he noted shortness of breath upon climbing two flights of stairs.

Physical examination showed a well-developed, well-nourished man, distressed by frequent cough. The trachea was in the mid-line. There was dullness posteriorly over the right clavicle. Breath sounds were increased and well transmitted. Many moist inspiratory and expiratory rales were heard over the right middle and upper lung fields. There was a loud moist wheeze over the whole right lower chest. The heart was slightly enlarged; the sounds were regular but faint. Examination was otherwise negative. The blood pressure was 158 systolic, 88 diastolic; the temperature was 99.4 F., the pulse 85, and the respirations 24.

Blood examination showed a hemoglobin of 14.9 gm., a white-cell count of 6800 with 64 per cent neutrophils. The urine was normal. A blood Hinton was negative. A chest X-ray, taken two weeks after the earlier one, revealed some increase in the size and density of the lesion on the right. There was no respiratory movement of the right half of the diaphragm. The outline of the diaphragm was irregular, and the right costophrenic sinus was shallow. The pleura was somewhat thickened along the axillary border. A bronchoscopy was done on the third hospital day.

Differential Diagnosis

Dr. Helen Pittman: May we see the X-ray films?

Dr. Milford Schulz: The right lobe does not seem to me to be particularly decreased in size. There is hazy increased density overlying the right lower chest.

Dr. Pittman: What about the pleural thickening?

Dr. Schulz: There is a little on the right and I wonder if the increase in density on the right side as compared with the left might not all be due to the thickened pleura.

Dr. Pittman: What about the position of the diaphragm on the left?

Dr. Schulz: It is elevated. A true paresis of the left half of the diaphragm, which would have been noticed fluoroscopically, was not observed.

Dr. Pittman: There was true paresis on the right?

Dr. Schulz: That must be accepted as the fluoroscopist's observation.

Dr. Pittman: These films do not throw much light on the subject and I am rather disappointed.

This seventy-nine year old man was in excellent health until the age of seventy-three when he was advised to "take it easy." He had shortness of breath, not unusual for one that old.

His illness began six months previously, when without any prodromal or respiratory symptoms, he suddenly began to have paroxysmal cough and raised small amounts of sputum; this continued for four months. Then, for no apparent reason, the patient developed a "smoky" feeling—whatever that means—under the sternum at the level of the sixth rib. He had no pain, chills, fever or weight loss and did not spit blood. The only clue is that he had productive cough.

Physical examination showed dullness posteriorly on the right, over the right clavicle. "Breath sounds were increased and well transmitted." They usually are in that region of the chest. The loud moist wheeze over the right lower chest is the first thing that gives a localizing clue; the unilateral wheeze I interpret as a definite indication of partial obstruction of one bronchus on the right side, the middle or lower lobe, I cannot be sure which. He had slight fever, which seems noncontributory. He had no anemia, and no leucocytosis and the white count was normal, with a low percentage of neutrophils.

We have here a man with a cough who had nothing to go with a cough and no evidence of infection beyond a temperature of 99.4 F. At no time had he bleeding or pain or anything that should lead one to suspect carcinoma. Of all things that should make one suspect carcinoma, bleeding is the most important. The absence is important but not necessarily diagnostic.

Then we come to the next positive finding—the area of increased density in the right lower chest. The only other definite positive finding is that there was no respiratory movement of the right half of the diaphragm. Why I do not know. We have nothing to suggest that there was a phrenic involvement on that side. It is hard to think of an aortic aneurysm involving the phrenic nerve with as little to go on as this.

The immobility of the diaphragm is an important finding but there is not enough evidence to say whether or not it is due to acute pleurisy. There remains the area in the right lower chest, which is perhaps secondary to the paralysis of the diaphragm. I rather doubt it because he is producing large amounts of sputum. A partial obstruction of the bronchus causing the wheeze may be assumed. This is unrelated to the diaphragm unless we assume carcinoma for which there is no evidence.

A bronchial adenoma must be considered but there is no evidence for it nor for a nonopaque foreign body.

Tuberculosis always has to be thought of, but again there is not much to go on. It is an unusual site for tuberculosis, although that does not rule it out. In a seventy-nine year old man I should certainly expect more evidence of old tuberculosis elsewhere in the chest than we have in this X-ray film. There is no evidence of old pleural infection to make one think that he could have had empyema and a bronchial fistula.

There remains, therefore, a series of entirely unsatisfactory explanations for this man's condition. Because of the physical signs and wheeze on the right side I am going to cling to a partial obstruction of the bronchus. Because I have no satisfactory evidence for carcinoma or tuberculosis, I am going to call it adenoma, but with little faith.

Dr. Edward B. Benedict: We did a bronchoscopy with a preliminary diagnosis of carcinoma; the most likely diagnosis at this age was probably carcinoma. Bronchoscopy showed widening and partial fixation of the carina, and a nodular outcropping in the right-stem bronchus causing partial obstruction of the right middle and lower lobes.

Clinical Diagnosis: Carcinoma of the lung.

Dr. Pittman's Diagnosis: Bronchial adenoma.

Anatomical Diagnosis: Tuberculosis of the bronchus.

Dr. Benjamin Castleman: The material received showed a granulomatous process, with one suggestive tubercle. The amount of material was insufficient for a positive diagnosis of tuberculosis. It looked suspicious of tuberculosis, however, and this was confirmed by examination of the sputum, which contained numerous tubercle bacilli. The patient therefore had tuberculosis stenosis of the bronchus, probably with involvement of the mediastinal lymph nodes.

Case Records of the Massachusetts General Hospital, The New England Journal of Medicine, April 13, 1944.

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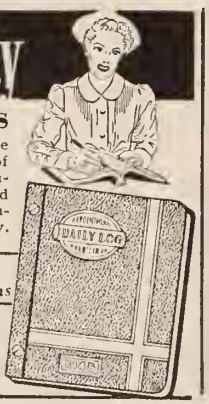
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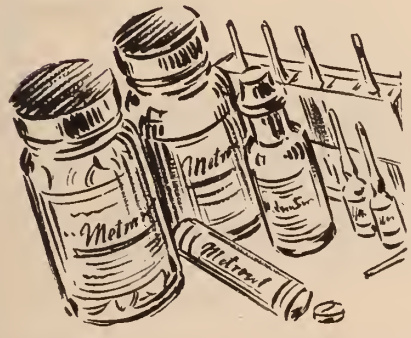




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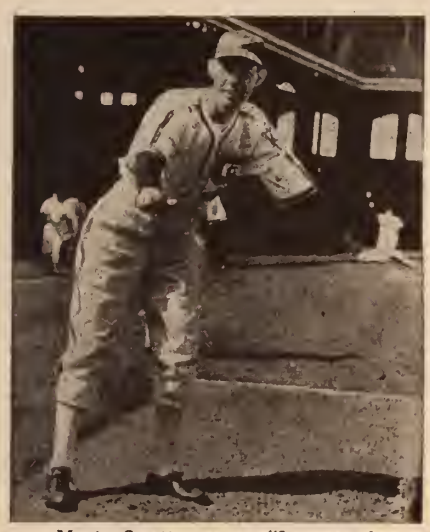
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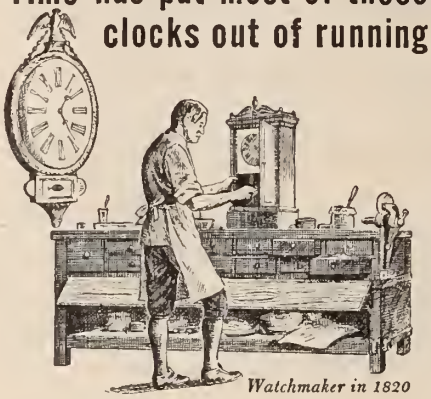
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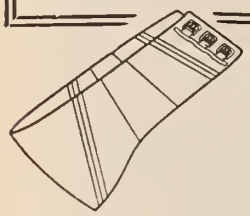
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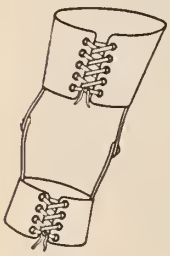




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*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 11 NOVEMBER, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

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Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.
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LACTOGEN

approximates women's milk in the proportion of food substances

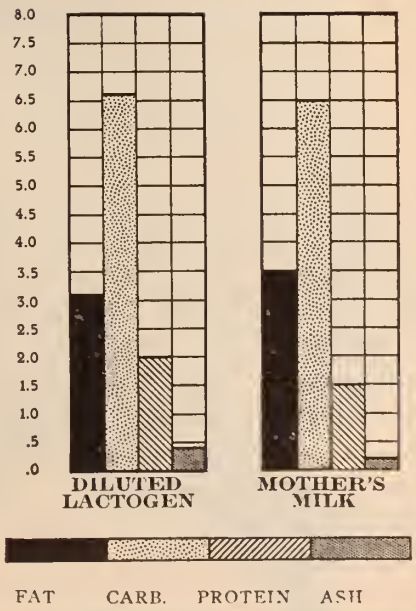
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One level tablespoon of LACTOGEN dissolved in 2 ounces of water (warm, previously boiled) makes 2 ounces of LACTOGEN formula yielding 20 calories per ounce.

No advertising or feeding directions, except to physicians. For feeding directions and prescription blanks, send your professional blank to "Lactogen Department."

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."

John Lovett Morse, A.M., M.D.
Clinical Pediatrics, p. 156.



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Available in vials of 10 cc., 80 units in 1 cc.

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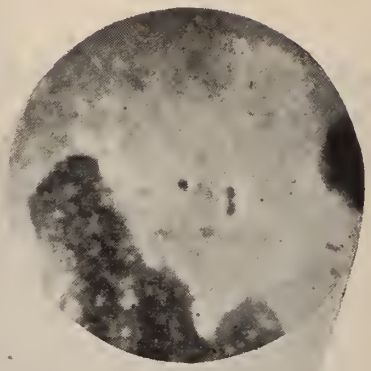


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Prevention—through public health education programs.

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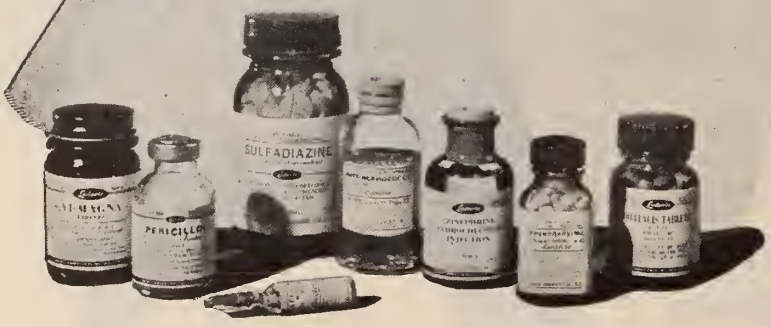
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Once in a while he has a moment to himself. A moment of relaxation ... time for a cigarette ... time for a Camel. With men in all the services, Camel is the favorite according to actual sales records.



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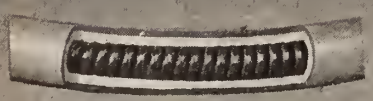
Reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

What's In A Rim

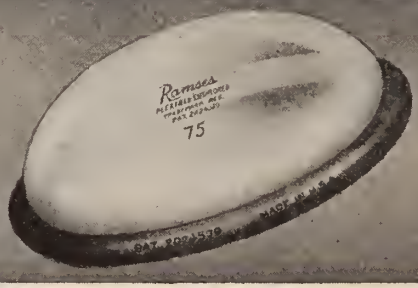
The coil spring in the rim of the "RAMSES"* Diaphragm is flexible in all planes, permitting adjustment to muscular action.

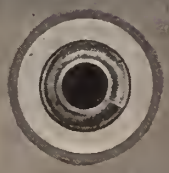
The spring used has sufficient tension to insure close contact with the vaginal walls during use.

The spring is covered with soft rubber tubing which serves to protect the patient against undue spring pressure. Also provides a wide unindented area of contact.



Cut away section of "RAMSES" Diaphragm Rim. Note cushion of rubber tubing which protects against spring pressure; provides smooth unindented area of contact with vaginal walls.





End view of "RAMSES" Diaphragm Rim showing coil spring imbedded in rubber.

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"RAMSES" Flexible Cushioned Diaphragms are supplied in sizes ranging from 50 to 95 millimeters. They are available through any recognized pharmacy. Only the "RAMSES" Diaphragm has the patented flexible cushioned rim.

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Design for Hematinic Therapy

COMPOSITION: Liver residue.....3 gr., Ferrous Sulphate, Exsiccated (U.S.P.)..3 gr., Thiamine HC1..1 mg., Riboflavin..0.66 mg. and Niacin....10 mg.

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Tablets

*"Iron is of primary importance in the maintenance of body hemoglobin, yet so complex is the whole problem of utilization of iron by the body that the mere ingestion of sufficient quantities of iron is sometimes insufficient to prevent the development of the so called nutritional anemias. Other factors play an important role. *Utilization of iron depends upon sufficient vitamin intake.*"

Endoglobin Tablets are efficient, economical and convenient to take. Available at prescription pharmacies in bottles of 40 and 100 tablets.

DOSAGE: One or two tablets, three times a day, after meals.

Samples and literature to physicians upon request.

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RICHMOND HILL ENDO NEW YORK

*Musser, John H., Internal Medicine, Lea and Febiger, Philadelphia, 3rd Edition, 1938, page 1048.

ENDOGLOBIN

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In the Management of Severe Third-Degree Burns

much has been learned through the unfortunate occurrence of the Cocoanut Grove fire at Boston. The numerous reports in the medical press emphasize the need for large amounts of dietary protein of adequate biologic value, given as early as possible.* Meat is one of man's main sources of protein that can be eaten with relish several times daily in goodly quantities; its proteins are of highest quality, and it contributes to the satisfaction of the greatly increased vitamin requirements as well.

*"All the patients with ten per cent of surface area, or more, involved in third-degree burns became serious nutritional problems. . . . All patients were started on high protein, high vitamin diets. . . . This diet contained 140 Gm. of protein." (Clowes, G. H. A., Jr.; Lund, C. C., and Levenson, S. M.: The Surface Treatment of Burns, Ann. Surg. 118:761 [Nov.] 1943.)

". . . at least from 200 to 300 grams of protein is needed for replacement alone. One must give the patient as much food as he can take . . . give him a good protein, one that contains all of the essential amino acids." (Elman, R.: Physiologic Problems of Burns, J. Missouri M. A. 41:1 [Jan.] 1944.)

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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PENICILLIN *Schenley*



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Contributing to this accomplishment have been the resources of 21 firms appointed by the Government to produce the precious new drug.

Schenley Laboratories, Inc., are proud to be among those chosen to attack the almost insuperable technical difficulties in the manufacture of penicillin. The devotion of our facilities to this purpose is a natural outgrowth of the extensive research in mycology Schenley Laboratories have been conducting for many years.

We are glad to be working wholeheartedly toward the goal that . . . in the near future . . . all who need penicillin may have it.

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"Whom shall I consult for

EYE EXAMINATION?"

is a question frequently asked of the general practitioner.

He will, no doubt, specify his colleague the Ophthalmologist. However, it is also necessary to explain the reason for his statement to assure himself that his patient will profit by his advice.

If the patient's present glasses are in need of adjustment, which might be the reason for eye strain, recommend the GUILD OPTICIAN.



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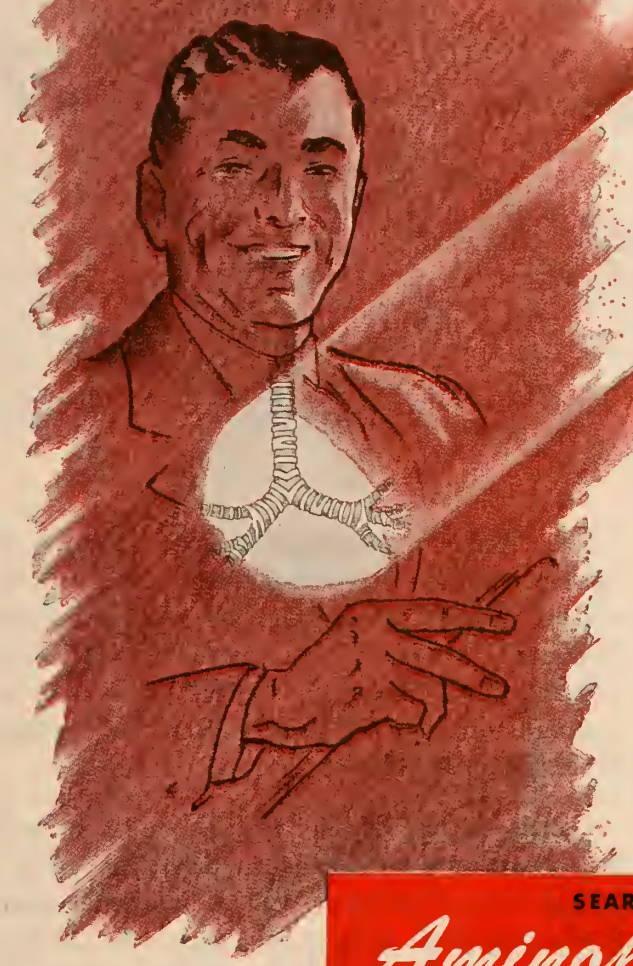
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The amelioration of asthmatic distress with Searle Aminophyllin is accomplished without appreciable central stimulation or rise in blood pressure.

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Aid in Preventing Anginal Attacks
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*Contains at least 80% anhydrous theophyllin.

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RESEARCH IN THE SERVICE OF MEDICINE

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Powder, 1 oz. bottles

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1. Coburn, A. F.: Salicylate Therapy in Rheumatic Fever, Bull. Johns Hopkins Hosp. 73: 435-464 (Dec.) 1943.
2. Smull, K., Wégria, R., and Leland, J.: The Effect of Sodium Bicarbonate on the Serum Salicylate Level, J.A.M.A. *125*: 1173 (Aug. 26) 1944.
3. New and Nonofficial Remedies, 1943, p. 57.

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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

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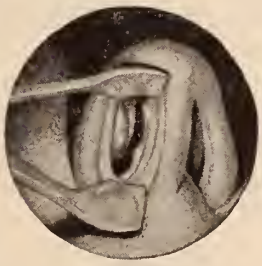
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Arch. Otolaryng., 39:109-123, 1944.

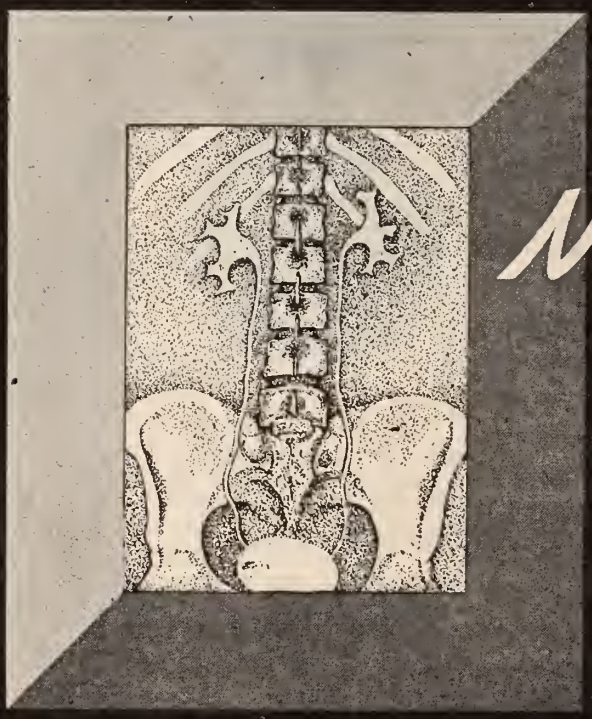
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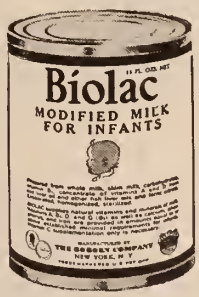
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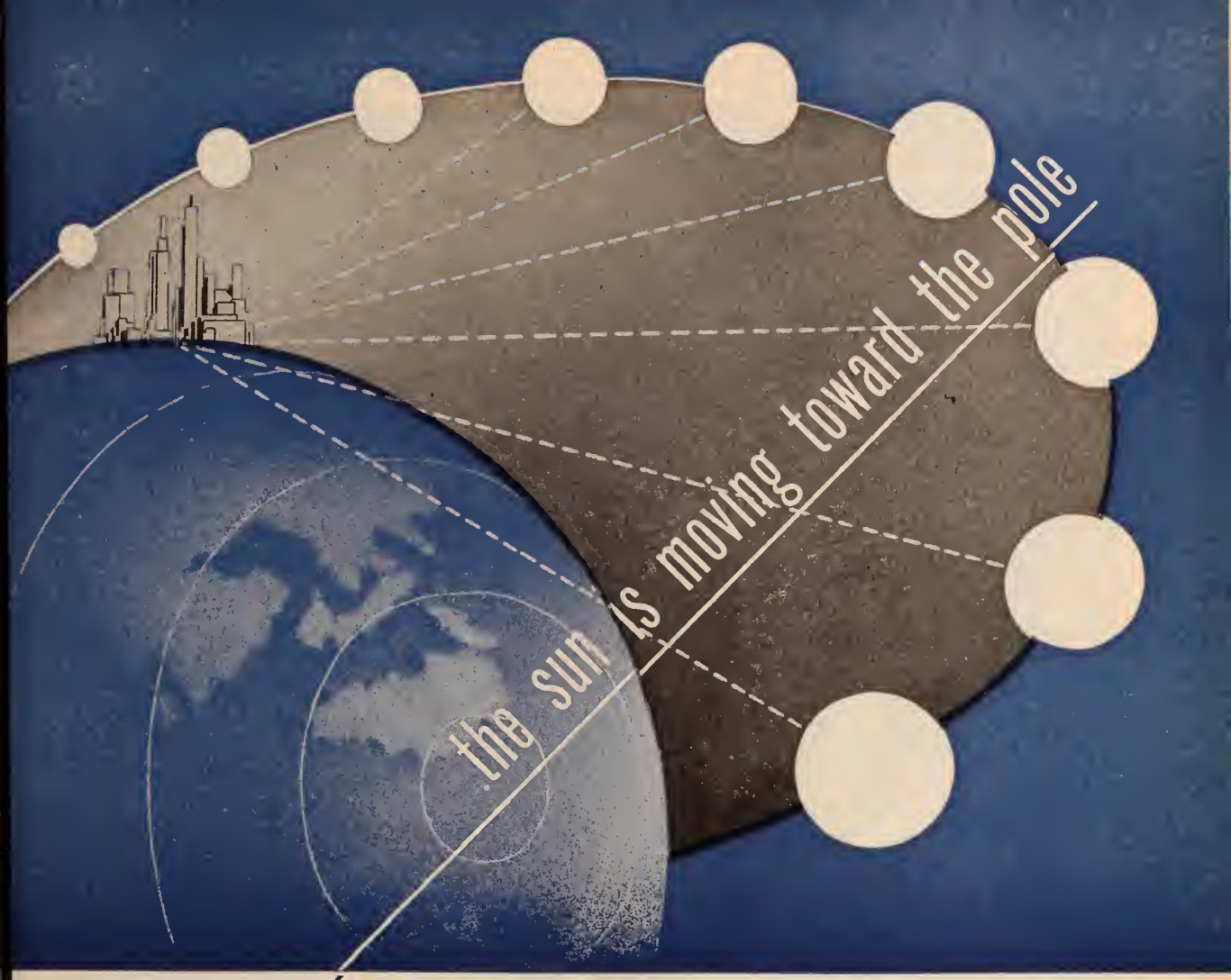
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*Youmans, J. B.: Nutritional Deficiencies, Lippincott, New York, 1941.

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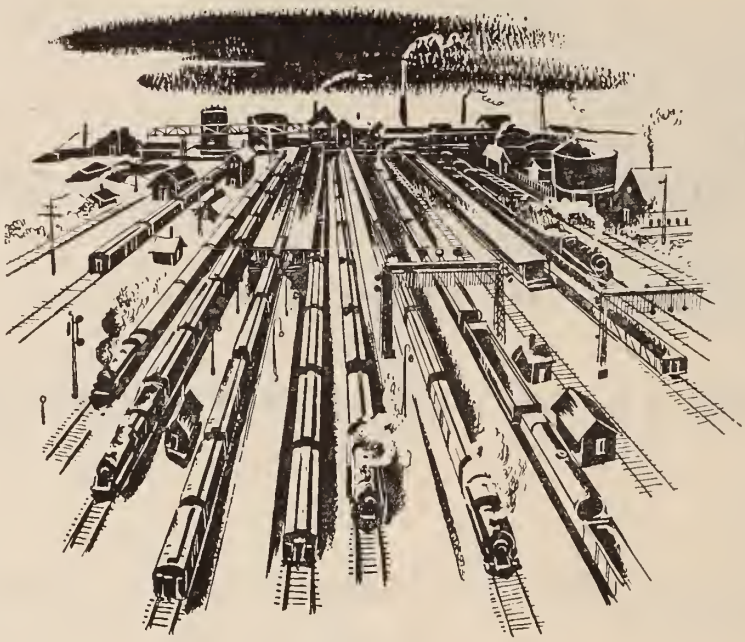
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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 483

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.

Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 11 November, 1944 Subscriptions, $3.00 per Year
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EDITORIALS

OUR NEW HOME

A permanent home for The Medical Society of New Jersey has been the desire of many of our members over a long period of time. This desire has been realized with the purchase of the property located at 315 West State Street, Trenton. Ideally situated on the main thoroughfare of the Capital City, one block west of the State House, this fifteen-room home, on a plot 90 x 420 feet, will house the Executive and Editorial Offices, in addition to providing six meeting rooms for groups of twenty-five and one large assembly hall for a group of one hundred and fifty. Ample parking space is available on the grounds and on adjoining streets, while at the rear of the property there is a seven-car garage with caretaker's apartment above.



It is only fitting that the oldest Medical Society in the United States should have such a beautiful home, to which its members may point with pride as the Home of The Medical Society of New Jersey.

THE MEDICAL PROFESSION AND THE VETERAN

At the meeting of the Board of Trustees held on October 8th, upon motion duly passed, a report, endorsing approval, was accepted from a committee of Officers regarding coöperation of the Society with New Jersey Selective Service System in a Veterans' Assistance Program.

The Selective Service Act of 1940 prescribes that the Director of Selective Service establish a Personal Division to render aid in the replacement of veterans in their former positions and in securing positions for returning veterans. This is the only obligation assigned to Selective Service System to veterans by law:

Then, in June, 1944, came the "Servicemen's Readjustment Act" (G. I. Bill of Rights) to be administered by the Administrator of Veterans' Affairs and providing for medical care and hospitalization of veterans, education of veterans, loans to veterans, unemployment compensation for veterans, and *employment of veterans.* The benefits of this Act have been supplemented by special legislation at a state level in most states providing for additional benefits at state expense.

The problem is further complicated by Executive Order No. 4927, establishing the Retraining and Re-employment Administration. This Administration will be represented at a state level by a State Veterans' Service Committee, which will be duplicated in each community by a local committee composed of representatives of Selective Service System, War Manpower Commission, the Veterans' Administration and of such community agencies as the local situation may indicate. These local committees will be a center of information and referral in dealing with the problems of their community veterans.

In light of the above, it would seem that the program at present is in a state of study and development; that legal interpretations must determine what organization has administrative authority; and that then a proper administrative organization must be established. When this has been accomplished we will probably find that members of the medical profession will be acting as part of the community program by offering their services to local veterans' organizations or the Red Cross to provide counsel to such veterans as are referred to them by these voluntary community agencies. As the problem and program become clarified it may well be a matter for consideration by the "Medical Advisory and Adjustment Committees" which the Board of Trustees recently suggested be established in each County Society.

"G. I. Rights" of Returning Physicians

The concept of the Servicemen's Readjustment Act is very broad. It applies to all ex-service men of this war regardless of rank, previous economic status or occupation. Title II, part VIII of the Act provides for educational training for anyone ". . . whose education or training was impeded, delayed, interrupted, or interfered with by reason of his entrance into the service, or who desires a refresher or retraining course, . . ."

Before the Act can be applied to the needs of the individual veteran, definite interpretative policies must be established. Here is an opportunity for organized medicine to assist returning physicians by developing an interpretative policy regarding this provision of the Act by demonstrating to our legislators and the Administrator of the Act the need of retraining courses for many of our returning physicians. If the need can be shown and the benefit made available to returning physicians it will assist many young physicians in taking advantage of our post-war graduate training program. It should be given serious consideration by all post-war planning committees.

(See pages 409 and 410.)

MEDICAL-SURGICAL PLAN OF NEW JERSEY

NEW CONTRACTS

The new Contract of Medical-Surgical Plan will be effective as to such contracts bearing *"Effective Date"* on and after November 1, 1944.

The new contract of the Plan, presently in force (numbers ranging below 20,000) will be effective until the date of expiration of the contract year of each contract, unless replaced prior to that date with a new contract bearing a number above 20,000 through the underwriting procedure of the Plan.

Extracts of the most important changed provisions appearing in the new contract are as follows:

SECTION V. When Plan Payment Is Not in Full for Eligible Medical and Surgical Services:

Payment by the Plan shall not be deemed to be in full for medical and surgical services eligible for payment under this contract:

1. If the patient shall have been admitted for a private accommodation, not exceeding one bed per room; or
2. If the patient (otherwise than at the instance of the hospital or physician) shall have transferred to such private accommodation after having been admitted for either a semi-private or ward accommodation; or
3. If the patient shall have been admitted for a semi-private or ward accommodation but shall have agreed to pay the Participating Physician an amount in addition to that payable by the Plan, except that no such additional amount shall be payable to the Participating Physician if, for the twelve calendar months immediately preceding the month in which the hospital admission for the medical and surgical services occurs, the income of the Subscriber, enrolled under a Single Contract, is less than $2,000; or the income of the Subscriber, enrolled under a Family Contract, is less than $2,000 plus $500 for the first enrolled dependent (wife [husband] or child) plus $250 for each additional enrolled dependent; or
4. If the patient shall have been admitted for any type of accommodation and shall have been attended by a duly licensed physician who is not a Participating Physician; or
5. If the patient shall have been admitted for a semi-private or ward accommodation but shall have failed to disclose to the Participating Physician the existence of this contract prior to such physician's agreement to render the medical and/or surgical services, except that no additional amount shall be payable to the Participating Physician if the income of the subscriber is less than as stated in Paragraph 3 of this Section.

In any cases to which any of the above five subparagraphs of this Section may apply, the only benefit available under this contract (toward, but not in excess of, the physician's charges to the patient for such eligible medical and surgical services) shall be payment by the Plan of the amount then payable by it to Participating Physicians for such services, and the Plan shall not be liable for any balance.

SECTION VII. Maternity Services:

1. Medical and surgical services rendered incident to pregnancy or childbirth, or for any diseases or injuries or conditions incident thereto, and any coincidental medical and surgical services for the new born child or children during the initial joint hospital confinement with the eligible mother, shall be eligible for payment only as provided in this Section, namely:
   a. Only if both husband and wife are jointly enrolled under this contract (or such enrolled husband dies during the enrolled wife's pregnancy) and the medical and surgical services are rendered to such wife in an approved hospital (or if delivery of the child or children occurs elsewhere under circumstances beyond the patient's control) and such eligible services are rendered during the continuance of this contract at least nine (9) months after the Effective Date of such joint enrollment, or prior thereto if normal birth would have occurred not earlier than nine (9) months after such Effective Date, and
   b. Only on the basis of payment set forth in Sections IV and V.
2. Prenatal and postnatal maternity services are not eligible for payment by the Plan unless eligible under this Section and only if rendered while the eligible wife is a bed patient in an approved hospital.

ORIGINAL ARTICLES

MASSIVE EDEMA IN AN ACUTE SYSTEMIC DISEASE RESEMBLING THE DISSEMINATED LUPUS ERYTHEMATOSUS SYNDROME *

Henry A. Christian, Lt. Col., M.C., Chief of Medical Service
Myron M. Rubin, Major, M.C., Chief of Cardio Vascular Section
England General Hospital, Atlantic City, N. J.

We are presenting the summary of a case, the manifestations of which were, and still are extremely difficult to explain. We title the report "Massive Edema in an Acute Systemic Disease Resembling the Disseminated Lupus Erythematosus Syndrome". We hoped that we could have the patient here with us today, but unfortunately he has taken a turn for the worse and we will have to content ourselves with a recital of the facts.

F. J. D. is a 35-year-old white male, a private in the United States Army, who was well prior to October, 1943, when the knuckles of his right hand became tender. This tenderness disappeared in a few days, but in January, 1944, he noticed fatigue and weakness and tingling of his hands. On February 8, 1944, he was admitted to a Station Hospital complaining of nasal congestion and sore throat. These acute symptoms subsided in 72 hours, but he continued to have daily temperature elevations to about 100 degrees orally. The past history was negative except for one attack of hives during his youth and occasional attacks of migraine diagnosed at Cambridge Hospital five years ago.

Pharyngeal injection persisted and he began to complain of pain and tenderness of the legs and tingling and weakness of the hands. Urine and blood pictures during this period were normal except for a sedimentation rate of 29 millimeters in 45 minutes on February 24. This had decreased to 13 millimeters in 45 minutes on March 13. An electrocardiogram taken on the 7th of March revealed low voltage in all leads, and an inverted T-wave in lead CF_4 blood pressure was 120 over 98. On March 14, the patient suddenly developed edema of the right and left forearms, difficulty in swallowing and pain in the eyes. Ophthalmoscopic examination on this date showed many disseminated cotton wool exudates and several small, irregular hemorrhages bilaterally.

He was transferred to a General Hospital on March 16. At this time he was acutely ill. Temperature was 100 degrees, pulse 112, respiration 20, blood pressure 110/72. He had four plus edema of both upper extremities and one to two plus edema of the legs; swelling and redness of the eyelids; and swelling of the neck. He was unable to swallow and complained of blurred vision. Dusky red, superficially infiltrated erythematous areas with adherent scales, were noted on the skin over the dorsum of proximal phalanges and the metacarpal phalangeal joints of both hands, the bridge of the nose and cheeks and the hypothenar eminences. There was slight cervical lymphadenopathy and the nodes were discrete and non-tender. Eye examination on March 17 revealed the same findings as noted on the 14th. The ENT consultant on the same day reported no areas of localized swelling in the oro or hypo pharynx, though there was some edema at the base of the tongue extending around the esophageal opening. There was also moderate edema at the base of the neck. The vocal cords were normal. There was no evidence of central nervous system pathology. The palate and uvula moved, but were restricted by edema. Laboratory studies normal except for 5.05 grams total serum protein, 2.22 grams albumin, 2.83 grams globulin. ECG normal.

The patient was given 1,000 cc. of plasma and 1,000 cc. of 5 per cent glucose in sterile distilled water on March 17 and on the 18th of March, due to the fact that he was not able to swallow food by mouth, a duodenal tube was inserted. He was given 1,000 cc. daily of a high protein formula containing 140 grams of protein in a total of 2,400 calories. The temperature rose to 101.8 degrees by rectum on the 17th of March. X-ray studies at this time reveal normal heart and lungs. Fluoroscopy of the esophagus showed that in the prone position, muscular contraction to carry the bolus into the lower esophagus was lacking. In the upright position, gravity aided in the descent of the food. There was a puddling of barium in the hypopharynx and the upper esophagus. A lateral view of the neck showed soft tissue swelling of the retro-pharyngeal tissue of the nasal and oral pharynx.

The general condition of the patient rapidly became worse. He grew weaker, was more difficult to arouse, and a four plus sacral edema appeared. Spinal fluid and blood cultures were negative. On the 21st of March, the rectal temperature rose to 102 degrees and it was decided to give him a course of penicillin. One hundred thousand units were given intravenously on that day and repeated on the next. Twenty-five thousand units were given intra-muscularly every three hours on the 21st and 22nd, after which 50,000 units every three hours were injected until a total of 1,100,000 units of peni-

* Read before the Section on Medicine of the Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

cillin had been given. That same day, 1,500 cc. of plasma were given and intravenous amino acids were started. He was seen by the dermatologic consultant on the 21st of March, who described the lesions on the hands as follows: "The superficially infiltrated erythematous area which present corneous follicular plugging and small adherent scales are typical of lupus erythematosus disseminatus." It was felt at this time that angio-neurotic edema was to be considered and five minims of adrenalin chloride 1-1,000 were given subcutaneously at 15-minute intervals for three doses. There was no appreciable effect on the edema. This dosage was repeated the next day also with no result. Throughout his hospitalization, the heart and lungs and the blood pressures have remained normal and the abdomen has been negative for palpable organs or masses. Two BMRs, 2 EKGs normal.

About the 23rd of March, the patient began to improve clinically. His temperature remained between 100 and 101 degrees rectally, but he was brighter and stated that he felt better. His course then became one of gradual, but steady improvement. By the 24th the edema began to recede. Sacral edema disappeared rapidly as did that in his legs, but the edema of the forearm persisted at one to two plus. From the 21st to the 23rd of March, 45 grams of amino acids were given each day in 500 cc. of 5 per cent dextrose in distilled water intravenously. On the 25th the patient was given 300 cc. of a whole blood transfusion. This was repeated on the 28th. By the 28th of March the patient had improved sufficiently to take feedings by mouth. He was placed on high protein soft feeding, furnishing approximately 80 to 100 grams of protein in 1,400 calories plus an eggnog supplement. The rectal temperatures fell until they reached normal about the 31st of March. A muscle biopsy of the deltoid muscle taken on the 27th of March was reported as normal. On the 1st of April the patient was given 10 seconds of ultra-violet to the skin of his abdomen, but no result was noted. X-ray studies on the 4th of April revealed lessening of the swelling of the soft tissue of the retro-pharynx and marked improvement of the swallowing act. X-rays of the bones and joints of the upper extremities on the 8th of April were normal. Patient continued well with slight tenderness of the wrist, forearms and fingers; occasional low grade fever, slight remaining edema of the eyelids, legs and forearms; and marked improvement of the swelling in the neck and hypo-pharynx. His appetite increased and he was placed on a high protein, salt poor 3,000 calorie diet, reinforced by multi-vitamin tablets. On the 12th of April, however, he experienced increased pain in the arms and legs. The edema increased generally and his fever rose to 102 degrees. Physical examination was not remarkable. Urea clearance, Mosenthal, urine and PSP tests were normal. Blood NPN was 26. Blood chloresterol was 250. The total serum protein was 5.7 with 2.88 serum albumin, 2.82 globulin and 0.41 fibrinogin. The red blood count was 4.42. Hemoglobin 11 grams. White blood count 8,350 with 74 per cent polymorphonuclears. He was given small blood transfusions of 300 cc. every three days. The temperature returned to normal on the 16th of April, but the edema, pain and tenderness continued. On the 17th through the 20th he was given 8 grams of ammonium chloride per day and on the 21st was given 1 cc. of mercupurin to be followed every other day by 2 cc. of mercupurin. Despite dramatic response to this drug as shown by the increased urinary output, pitting, edema, especially marked in the lower extremities, and prepuce, persists.

In conclusion, we have presented a case of massive resistant edema in an acute systemic disease, which because of its protean clinical nature, skin manifestations, polyarthralgia, prolonged fever, eye findings, secondary anemia, and remittent cachetic course, we feel best fits the systemic lupus erythematosus disseminated syndrome.

UROLOGY AWARD

The American Urological Association offers an annual award "not to exceed $500" for an essay (or essays) on the result of some specific clinical or laboratory research in urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deem none of the offerings worthy, no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years. All interested should write the Secretary for full particulars.

The selected essay (or essays) will appear on the program of the forthcoming June meeting of the American Urological Association.

Essays must be in the hands of the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee, on or before March 15, 1945.

WATERHOUSE-FRIDERICHSEN SYNDROME

REPORT OF A CASE WITH RECOVERY

Jerome G. Kaufman, M.D., Newark, N. J.

The following case is reported because of the present interest in the treatment of the Waterhouse-Friderichsen Syndrome where recovery has taken place.

C. E. S., a 34-year-old pediatrician, fell ill on April 4, 1944. When he awoke that morning he had chilly sensations, nausea, and mild throat discomfort. He went to his office, and while examining patients developed a severe and painful sore throat, dizziness, and towards mid-afternoon had several loose bowel movements. He experienced a severe headache and felt that he had a fever. He then returned home, summoned Dr. Leonard Greenfield, who found the patient's temperature to be 107° F., whereupon I was asked to see the patient.

When examined the patient was having violent chills, was cyanotic, and appeared to be desperately ill. Examination was, therefore, unsatisfactory, and because of the seriousness of his condition, he was immediately removed to the Newark Beth Israel Hospital by ambulance. Physical examination was essentially negative on admission except for a highly injected pharynx, cyanosis, respirations of 40 per minute, pulse 120, temperature 106° F. The heart sounds were poor in quality and distant. There was marked tenderness over the extremities, especially the lower; the knee-jerks were diminished. Shortly after admission the patient became irrational. He was placed in an oxygen tent and 2.5 Gm. of sodium sulfadiazine were given intravenously followed by 1 Gm. doses q. 4 h. orally. During the night he complained of severe abdominal cramps, leg muscle pains, and sore throat, and his pulse became weak and irregular. He vomited several times, and towards morning his pulse was imperceptible.

About 11:00 a. m. a rash on the extremities was noticed for the first time. By early afternoon the entire body, except for the face, was covered with purpuric spots, varying from small petechial hemorrhages to large ecchymotic areas up to 2 cms. in diameter. Although the temperature had dropped to 98° F. his condition was critical, neither his pulse nor blood pressure was obtainable.

A diagnosis of meningococcemia with Waterhouse-Friderichsen Syndrome was made and suitable therapy was instituted immediately. Dr. Aaron Parsonnet, an attending physician to the hospital staff, saw the patient in consultation, and later that afternoon Dr. Emanuel Appelbaum of the meningococcus research division of the Willard Parker Hospital of New York City examined him and confirmed the above diagnosis.

Therapy at this stage consisted of immediate transfusion followed by continuous intravenous of glucose in saline. Cortin (adrenal cortical extract) in 10 cc. doses was given intravenously q. 4 h., and sulfadiazine was administered until a blood level of 15.5 mgs. was reached and maintained, the patient receiving a total of 24.0 Gms. of the drug in a four-day period. The total dosage of cortin was 80 cc.

Following transfusions and after the second dose of cortin, his condition began to improve, and by the next morning his systolic pressure reached 80 mm. but the diastolic was not yet obtainable. The patient showed a slow but gradual improvement with complete recovery in about one month. His blood pressure on discharge from the hospital was 126/78. It is interesting to note that the myalgia persisted for about eight weeks, and that some of the larger purpuric areas sloughed and left scars.

In reviewing the history of the case with the patient, he recalled that five days before the onset of his illness he had examined the sister of a child who had died the day before from meningococcus septicemia.

LABORATORY DATA

1. X-ray of chest: negative for pathology

2. Blood Counts:	4/4/44	4/17/44
White cells	37,100	12,600
Polynuclears	61%	64%
Lymphocytes	8%	30%

Endothelial leucocytes	....	5%
Stabs	31%	1%
Hemoglobin	106	106
Erythrocytes	5,520,000	5,260,000
3. Urinalyses:	4/6/44	4/15/44
Specific gravity	1.021	1.014
Albumin	30 mgs.	....
Casts		none
Hyaline	many	
Ft. granular	few	
Leucocytes	31 per h.p.f.	11 per h.p.f.
Erythrocytes	51 per h.p.f.	

Blood Cultures: Sterile (taken after intravenous sulfadiazine)

Meningococcus Agglutination (Willard Parker Hospital)

4/6/44 Antigen Group I (1:1600)

4/11/44 Antigen Group I (1:1600)
IIa (1:50)

Stool Cultures: Negative for salmonella and shigella

COMMENT

In treating cases of meningococcemia, the possibility of hemorrhage into the adrenals with resultant adrenal insufficiency should be kept in mind. Adequate therapy must be instituted at the earliest indication in order to prevent a fatal outcome. Treatment should include:

1. Supportive measures: transfusions, intravenous fluids by continuous drip, oxygen tent to combat cyanosis (anoxemia).

2. Treatment of the infection: Sulfadiazine, intravenously and orally, to maintain an adequate blood level.

3. Treatment of adrenal insufficiency: prompt and continued administration of adrenal cortical hormone intravenously until the signs of adrenal failure have completely disappeared.

In those cases in which the hemorrhages into the adrenals do not totally destroy the cortex of the glands, either because the hemorrhages are small and petechial or are limited to one gland, the substitution therapy may be the deciding factor in tiding the patient over until his adrenal glands resume adequate function.

299 Clinton Avenue

INDUCTION OF LABOR WITH UROSELECTAN

In a series of 115 cases using uroselectan B there were four cases of failure to induce labor, making a success-rate of 96.25 per cent of all cases, which is about the same as that shown by artificial rupture of the membranes and greatly better than that shown by the use of pituitary derivatives. The corrected foetal mortality was 3.6 per cent. The gross morbidity was very much the same as that when other drugs were used, and better than that when instrumental methods were used.

Technique and Dosage: The bladder was emptied. The patient was put flat upon her back, the abdomen palpated for the exact position of the foetus. The skin between the umbilicus and symphysis pubis was then sterilized, and at a point midway between these two landmarks, the skin, subcutaneous tissue and muscle down to the peritoneum were anaethetized with 2 per cent novocaine solution. A lumbar puncture needle with stillette was pushed through the skin, anterior abdominal wall and uterine wall, the needle being directed away from the back and head of the foetus. Usually the membranes could be felt on the end of the needle which was gently pushed through the membranes and the stillette withdrawn; liquor amnii then dribbled out of the needle. Should the needle be felt to impinge against the foetus, as shown by undue resistance, the needle was withdrawn from the uterine wall and pushed through in a different direction and further from the foetal back. In no case was any uroselectan injected unless liquor amnii was obtained through the needle. Uroselectan B, 10 cc., was then slowly injected, the stillette replaced, the needle withdrawn, and a small collodion dressing applied. The patient rested for one hour after the injection, and she then continued her usual life in hospital or home. The foetal heart was counted before and immediately after the injection and one hour later. The outpatients were seen three days after the injection should labor not have started before, when the foetal heart-rate was again counted and the patient examined.

It is suggested that this method has advantages over instrumental methods of induction of labor in cases of disproportion, and that it gives a higher success-rate than other drug methods so far described.—P. L. Playfair, J. Obst. & Gynec. of the British Empire (Clin. Abstr. 1941).

BRONCHOGENIC CARCINOMA *

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Testimony can be gathered from many quarters of the globe which would make it appear that the morbidity rate for primary carcinoma of the lung has been steadily increasing during the last two decades or more. Indicative and representative of this trend are the records of the Philadelphia General Hospital which show that only 67 patients were observed suffering of this disease from 1887 to 1920. During the third decade of this century, the number of patients having pulmonary malignancy in this institution numbered 41 and during the fourth decade the number of admissions for this disease reached 283. Primary carcinoma of the lung would seem now to occur almost as frequently as does carcinoma of the gastro-intestinal tract and the number of such patients constitute about 10 per cent of all hospital admissions having carcinoma anywhere in the body.

The probabilities are that this increased morbidity rate for cancer of the lung is more apparent than real. There are those, however, who are convinced that the incidence of this disease has really increased and believe that the growing hazard to irritation of the bronchial mucous membrane by tobacco, smoke, gases, radio active dust, etc., is responsible for inflammatory protoplasia resulting in a growing number of bronchogenic carcinoma cases. Interesting in this connection is the actual prophesy made by Winternitz in 1920, when he stressed influenza as a factor in the causation of bronchial carcinoma. He predicted a probable increase in primary pulmonary cancer because influenza tends to produce a "metaplasia of the bronchial epithelium causing a proliferation of the young cells, difficult to distinguish from neoplasm". The extension of life expectancy well into the cancer age may account for a considerable increase in the incidence of lung cancer, but careful students of this disease feel that improved clinical and pathological methods of diagnosis really account for the apparent rise in its morbidity and consequently its mortality rate.

The probability of more frequent diagnosis of bronchogenic carcinoma may also be attributed to an ever increasing interest in the disease in the minds of physicians. This interest is revealed by an ever increasing bibliography on the subject which undoubtedly has made the profession more conscious of the disease.

In the 1920 Quarterly Cumulative Index, there is only one reference to lung cancer. During the ten years thereafter, the references in these volumes gradually increase, so that there are 73 to be found in the two volumes for 1930 and a consistent average of 80 references is maintained thereafter for each year up to and including 1942, when 83 references appear on the subject.

As may be expected, this same rich literature has covered all aspects of pulmonary carcinoma, but fails as is true for cancer elsewhere in man to reveal a generally acceptable etiology. Ewing believed that tuberculosis is the common pre-cancerous irritant. Bronchogenic carcinoma must, in any event, be caused in general by the factors which operate for cancer elsewhere in the body.

As may be surmised, symptoms such as anorexia, weakness, loss of weight, fever and anemia are all late manifestations of the disease under consideration and should not be stressed in an organized discussion of pulmonary malignancy. Patients as they are observed in hospitals, too often give the impression that this disease is a relatively short one, as it may be on occasions, averaging six months; but on the other hand, patients may harbor their lesions for a long time without evidencing manifest symptomatic or physical signs. We have inadequate information concerning the life span of neoplasms in the lungs as is true for new growths in some other parts of the body.

* Read before the Section on Medicine of the Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

Unfortunately for those afflicted in this fashion, and for their doctors too, 12 per cent of the group have extra-hilar circumscribed nodular lesions which produce no symptoms or signs. More than half of this group have inaugural symptoms referable to the brain, bones, the gastrointestinal tract, the cardiovascular system or the lymphatic glands as evidence of extra pulmonary lesions. Metastatic lesions in the brain may produce headaches, choked discs, weakness in the extremities, paralysis and hemiplegia. Naturally, given a rapidly growing brain tumor, it is highly important to rule out a silent lung tumor. Metastases to bone are either osteolytic or osteoplastic in type and pathological fractures are not too uncommon a complication, to say nothing of bone pain. When the carcinoma secondarily involves the pericardium, heart or great vessels, at times invading the superior vena cava, mediastinal pressure symptoms and signs of cardiovascular disability may present themselves. Metastatic lymph nodes may serve to compress the great vessels, especially the cavae, and thus produce edema, pleural effusions, ascites, cyanosis with symptoms of dyspnoea and a large heart. Abdominal lymphadenopathy and hepatomegaly may masquerade as peptic ulcer or gastric malignancy.

The expected symptoms of a chronic pulmonary lesion are at some time or other presented when the lesion involves a main bronchus, the hilum, or the pleura. These symptoms are cough, chest pain, dyspnoea and hemoptysis. The cough is rather persistent as a rule, may be non-productive, but often produces mucoid, mucopurulent and blood-streaked sputum. Ninety-three per cent of patients with carcinoma of the lung are older than 40 years. In an individual past middle age, blood-streaked sputum or a frank attack of hemoptysis is almost pathognomonic of bronchogenic carcinoma rather than pulmonary tuberculosis. Without adequate patient study, the records show a tendency to make the diagnosis of tuberculosis under these circumstances. The cough may be brassy or asthmatic, dependent upon the presence of a sizable metastatic mediastinal mass.

Pain may manifest itself early in the course of the disease and may be complained of in any portion of the chest, arms or shoulders. It is generally continuous, sharp, stabbing or boring and must be somewhat like the pain due to the presence of an aneurysm. It is usually due to involvement of the pleura, vertebrae or ribs. Bronchogenic carcinoma occurs frequently in the Jewish race, but rarely in the Negro. It occurs six times oftener in men than in women. Pain in the chest of a white male over 40 should always suggest the possibility of bronchogenic carcinoma. Pain in many other parts of the body may be provoked by a malignant spread from a similar source.

Dyspnoea is variably present and is usually due to pressure on the trachea or bronchi by lymph nodes or the tumor itself. At other times, the dyspnoea may be caused by the presence of a pleural effusion or some pressure produced on the vena cavae or pericardium Atelectasis and a concomitant pneumonitis may cause dyspnoea. The breathing may be of a wheezing type, suggestive of bronchial asthma.

The presence and character of physical signs will be dependent largely upon whether the lesion is endobronchial, hilar, nodular, circumscribed extra-hilar or whether it is of a diffuse type. Signs too, will depend upon the presence of atelectasis and associated lesions such as pneumonia, abscess, gangrene, pleural involvement, hemorrhagic pleurisy, atelectasis, bronchiectasis, old tuberculosis and very rarely active tuberculosis. It has been suggested that the nodular circumscribed extra-hilar lesion may be present without the production of physical signs. Careful inspection will usually develop some inequality in the respiratory mobility of the two sides of the chest. Diffuse types of involvement may yield signs not unlike those usually found over a pneumococcus pneumonia, and endobronchial lesions may produce an atelectasis which may or may not produce a shift in the position of the trachea and mediastinal structures together with dullness and the presence or absence of râles and breath sounds somewhere over the substance of the lung. The signs of fluid may be outstanding on occasion. Apical tumors, particularly in the right side, are usually responsible

for a flat percussion note, but voice, breath sounds and râles are inaudible. Physical signs are frequently difficult to interpret, and puzzling signs of themselves should suggest the presence of a lung tumor. It must be clearly stated that the physical signs and symptoms as developed in patients with bronchogenic carcinoma are only suggestive of some chronic pulmonary lesion and not necessarily of a tumor. Again it should be repeated that the presence of such a tumor may never suggest itself by pulmonary symptoms or signs.

Ante-mortem diagnosis is dependent finally upon finding tumor cells in tissue removed by means of the bronchoscope, by finding similar cells in aspirated pleural fluid or in biopsied metastatic lymph nodes. About one-fourth of such investigations reveal squamous and basal cell carcinoma, about one-sixth adenocarcinoma, while the remainder show undifferentiated cells. This undifferentiated group of tumors metastasizes oftener than does the adeno-carcinomatous variety; the squamous type metastasizes very slowly and the basal cell tumors probably do not metastasize at all. Lymph nodes show invasion in more than 95 per cent of the patients, the brain in more than 25 per cent of a given group and bones and viscera generally in a high percentage of instances. The frequency of metastasis would seem to be due to the ease with which these tumors can invade the pulmonary veins, or vena cavae, and to a rapid extension from the tracheo-bronchial lymph nodes to aortic, pancreatic, gastric, portal and retro-peritoneal glands. Adenocarcinoma and the round cell variety of tumor are equally malignant, the latter type of carcinoma metastasizes very rapidly to lymph glands and pathologically resembles round cell sarcoma which it was believed to be at one time. This type of cell is frequently styled oat cell carcinoma.

The presence of bronchogenic carcinoma is most frequently diagnosed tentatively by x-ray study and as a matter of fact not infrequently it is this procedure which gives the first clue to the presence of this disease in the lungs. X-ray appearances will depend upon the location and type of the lesion. The endobronchial type will encroach on the lumen of the bronchus and produces an early atelectasis to be followed by a pneumonitis, abscess and other complications. The hilar type will show an irregular fuzzy radiant appearance on the film with increased markings reaching into the lung fields or an irregular hilar shadow representing enlarged mediastinal glands. The extra-hilar type with circumscribed nodulation grows from a very small bronchiole, will produce no atelectasis and may remain silent from the pulmonary standpoint. The diffuse type resembles lobar and lobular pneumonia from the x-ray viewpoint.

More tumors involve the right lung and about an equal number grow in the two lower lobes. The upper right lobe is the seat of neoplastic growth almost twice as often as its companion lobe on the left. A special designation has been reserved for a tumor which develops high in the apex of the lung. This sort of lesion was first described by Pancoast and is now often referred to as a superior succus tumor. It exhibits a great tendency to metastasize to the ribs and cervical vertebrae and in so doing causes a paralysis of the ulnar and median nerves. These paralyses are more particularly caused by an invasion of the first dorsal root of the bracheal flexus and adjacent structures.

With all of this, it must be said with regret that many patients either exhibit their initial signs and symptoms much too late in the course of their disease to make it worth while to attempt what is the only logical procedure at the moment; namely, ablation of either a lobe or an entire lung. If symptoms and signs do appear early enough in the course of the patient's disease, then this sort of surgery offers much hope. It is needless to say that unusual competency in thoracic surgery will improve end results. There are now a sufficient number of patients who have had lobectomies or pneumonectomies performed and who have lived for a variable number of years after operation to make this mode of treatment appear to be well worth while. We must develop a high degree of consciousness for bronchogenic carcinoma, then patients will be diagnosed as early as is reasonably possible. Early diagnosis and early operation should be the

slogan in this instance as it is for other operative diseases. If there is a diagnostic doubt, there would seem to be a justification for an exploratory thoracotomy, just as there is for a laparotomy under the same circumstances. We must avail ourselves of every diagnostic aid. At least x-ray studies of the chest are now easily available in all communities. There is no need of pointing out that the disease is invariably fatal unless successful surgery is practiced. Even irradiation therapy for the time being is only mitigating.

It would seem then highly important to educate potential patients and to educate ourselves. Education for the patient should point out the advisability of seeking periodic health examinations which should not omit the chest. At very least, the laity should be urged to seek medical aid for minor symptoms. We must educate ourselves to omit nothing in our efforts to solve and alleviate patient's symptoms. The problem patient may prove to be one with bronchogenic carcinoma.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

AMBROSE, ANTHONY—see Hughes, Lee W.

BUCH, IRWIN M. (Jersey City)—with others
Continuous caudal analgesia in obstetrics. Am. J. Surg. 66: 68-79, Oct. 1944

COSGROVE, S. A. (Jersey City)—with Patricia A. Carter, Charleston, S. C.
Consideration of therapeutic abortion. Am. J. Obst. & Gynec. 48: 299-314, Sept. 1944

CRASTER, CHARLES V. (Newark)
Slum clearance; the Newark Plan. Am. J. Pub. Health 34: 935-940, Sept. 1944

EISENSTODT, L. W. (Newark)
Technique of secondary septal resection demonstrating regeneration of the septal cartilage. Laryngoscope 54: 190, April 1944

EPSTEIN, JEANNE A.—see Foley, E. J.

FINKLER, RITA S. (Newark)
Zondek's simplified treatment of secondary amenorrhea. Am. J. Obst. & Gynec. 48: 26, July 1944.

FOLEY, E. J.; EPSTEIN, JEANNE A., and LEE, S. W. (Wallace Laboratories, New Brunswick)
Sulfathiazole-acetaldehyde sodium bisulfite in experimental group c streptococcal infections. J. Immunol. 49: 129-140, Sept. 1944

HUGHES, LEE W., and AMBROSE, ANTHONY (Newark)
Retro-orbital adrenal rest tumor. J. A. M. A., 126: 231-232, Sept. 23, 1944

HULETT, ALBERT G. (East Orange) (in service)
Determination of alcoholic intoxication in military personnel. Mil. Surgeon 95: 191-197, Sept. 1944

KALB, S. WILLIAM (Newark)
Nutrition in everyday practice. J. M. Soc. New Jersey 41: 385-386, Oct. 1944

LEE, S. W.—see Foley, E. J.

LEVITAS, GEORGE M. (Westwood)
Special methods can curb epidemic diarrhea. Hospitals. Aug. 1944

LEWIS, L. D.—see Probst, E. W.

MUND, M. H.—see Probst, E. W.

MUSHETT, CHARLES W., Ph.D.—see Siegel, Henry

POTTER, ELLEN C. (Trenton)
Adoption—The law and the physician. J. M. Soc. New Jersey 41: 371-373, Oct. 1944

PROBST, E. W., MAJ. (M.C.), LT. M. H. MUND and L. D. LEWIS, B.S., M.T. (A.S.C.P.) (Dover)
Effects of tetryl. J. A. M. A. 126: 424-427, Oct. 14, 1944

PROBST, E. W., MAJ. (M.C.) (Dover)
Industrial medical and hygiene problems of the munitions industry. Indus. Med. 13: 10, Oct. 1944

RAYCROFT, JOSEPH E. (Princeton)
1. Character and the special senses. Trans. Am. Acad. Ophthal. 48: 45-51, Nov.-Dec. 1943
2. Benjamin Rush. Psychogram 28: 7-8, May 1944

SIEGEL, HENRY, and MUSHETT, CHAS. W., Ph.D. (Rahway)
Structural changes following administration of quinacrine hydrochloride. Arch. Path. 38: 63-70, Aug. 1944

STOKES, J. L. (Merck & Co., Rahway)
Substitution of thymine for "folic acid" in the nutrition of lactic acid bacteria. J. Bact. 48: 201-209, Aug. 1944

TILLIS, HERMAN H. (Newark)
Therapy of arthritis. J. M. Soc. New Jersey 41: 374-376, Oct. 1944

THE FALLACY OF MASSAGE IN THE TREATMENT OF OBESITY *

S. WILLIAM KALB, M.D., Newark, N. J.

Since the dawn of civilization, massage, rubbing, or pounding has been used as a means for reducing the overweight individual. In recent years massage has become a common practice. Millions of people have accepted it in the hope of finding an easy way to lose weight.

In order to determine the value of massage as a therapeutic aid in the treatment of obesity, this study was undertaken. Short and Currence [1] were unable to show any mobilization of fats into the blood stream following deep massage and thermal application. However, Murlin and Riche [2] reported an increase in blood fats following exercise while Short [3] demonstrated an increase in blood fats following ether anesthesia.

In this series sixty patients were used. Forty patients were on low caloric diets. Each patient received two massages a week on one limb. One deep hand massage for one-half hour and one massage with a Battle Creek Vibrating machine for twenty minutes were administered.

In Tables I and II, the patients were on an 800 calorie diet. The bold-face figures show the measurement of the limb before the diet and massage were begun. The light-face figures underneath indicate the measurements of the opposite limb which was not massaged.

The patients in Tables III and IV were not on any diet. They received a complete body massage once a week and a machine massage on one limb for a period of ten weeks.

TABLE I
ARM
DIET WITH MASSAGE

No.	Weight Loss in Pounds	Weeks	Original Measurements in Cms.	Final Measurements in Cms.	Loss in Cms.
1	45	10	**27.9**	**24.7**	**3.2**
			28.0	24.6	3.4
2	29¼	10	**33.0**	**26.5**	**6.5**
			33.2	26.5	6.7
3	38½	10	**39.4**	**35.6**	**3.8**
			39.6	35.7	3.9
4	35	10	**30.5**	**27.3**	**3.2**
			31.0	25.4	5.6
5	22¼	9	**33.0**	**28.0**	**5.0**
			32.8	28.0	4.8
6	18	7	**33.0**	**25.0**	**8.0**
			29.6	24.9	4.7
7	22	7	**30.5**	**25.0**	**5.5**
			30.8	25.2	5.6
8	52	10	**40.6**	**28.0**	**12.6**
			41.2	29.2	12.0
9	27¾	8	**35.6**	**26.5**	**9.1**
			35.9	27.0	8.9
10	34	10	**33.0**	**28.0**	**5.0**
			33.1	28.8	4.3
11	24½	10	**33.7**	**27.9**	**5.8**
			33.7	28.0	5.7
12	24	10	**34.3**	**26.5**	**7.8**
			34.4	27.0	7.4
13	28	10	**41.3**	**35.6**	**5.7**
			41.8	35.8	6.0
14	15½	10	**38.1**	**34.9**	**3.2**
			39.0	35.6	3.4
15	27½	10	**33.7**	**26.5**	**7.2**
			34.1	27.0	7.1
16	31	10	**39.4**	**31.2**	**8.2**
			38.9	31:2	7.7
17	25½	10	**30.5**	**30.2**	**0.3**
			30.5	30.0	0.5
18	26¼	10	**34.9**	**28.5**	**6.4**
			34.2	28.2	6.0
19	21	10	**35.6**	**31.2**	**4.4**
			35.6	31.0	4.6
20	12	10	**29.9**	**24.7**	**5.2**
			30.1	24.8	5.3
Average	23.5	10	**34.4**	**28.6**	**5.8**
			34.4	26.7	5.7

* From the Nutrition and Physical Therapy Clinics, Department of Medicine, New York Post-Graduate Medical School and Hospital, Columbia University.

1. Short, J. J.: An attempt to Mobilize Lipoids from Storage Depots by Deep Massage and Increased Tissue Temperatures. J. Lab. and Clin. Med., 24:395, 1939.

2. Murlin, J. R., and Riche, J. A.: The Fats of the Blood in Relation to Heat Production, Narcosis, and Muscular Work. Proc. Am. Physiol. Soc., 40:146, 1916.

3. Short, J. J.: The Formation of Acetone Bodies Following Ether Anesthesia and Their Relation to the Plasma Bicarbonate. J. Biol. Chem., 41:503, 1920.

TABLE II

THIGH

DIET WITH MASSAGE

No.	Weight Loss in Pounds	Weeks	Original Measurements in Cms.	Final Measurements in Cms.	Loss in Cms.
21	35	10	**68.6**	**53.3**	**15.3**
			68.5	53.1	15.4
22	52	10	**68.6**	**50.8**	**17.8**
			68.8	50.0	18.8
23	34	10	**73.8**	**55.9**	**17.9**
			73.8	56.0	17.8
24	22¼	9	**62.9**	**53.3**	**9.6**
			63.0	53.5	9.5
25	27¾	8	**68.6**	**53.3**	**15.3**
			69.0	53.6	15.4
26	21½	7	**53.3**	**45.7**	**7.6**
			53.4	45.5	7.9
27	18	7	**69.9**	**59.7**	**10.2**
			70.1	60.1	10.0
28	22	7	**61.0**	**53.3**	**7.7**
			61.0	53.5	7.5
29	12	7	**55.9**	**51.4**	**4.5**
			56.0	52.0	4.0
30	15	6	**58.4**	**50.8**	**7.6**
			58.4	51.0	7.4
31	30½	10	**71.8**	**55.9**	**15.9**
			72.1	56.5	15.6
32	21	10	**55.9**	**47.0**	**8.9**
			56.1	47.9	8.2
33	20½	10	**74.9**	**58.4**	**16.5**
			74.3	59.0	15.3
34	27¼	10	**78.1**	**61.0**	**17.1**
			78.0	61.0	17.0
35	14	10	**64.8**	**61.0**	**3.8**
			65.2	61.5	3.7
36	11½	10	**58.4**	**49.5**	**8.9**
			58.5	52.3	8.2
37	42½	10	**76.2**	**57.8**	**18.5**
			76.2	58.2	18.0
38	17¾	10	**69.9**	**62.9**	**7.0**
			70.4	62.5	7.9
39	28¼	10	**81.9**	**64.8**	**17.1**
			81.8	65.5	16.3
40	31	10	**69.2**	**59.1**	**10.1**
			69.0	60.0	9.0
Average	27.8	9.05	**67.1**	**55.2**	**11.9**
			67.2	55.6	11.6

TABLE III

RIGHT ARM

NO DIET—MASSAGE ONLY TWICE A WEEK FOR SIX WEEKS

No.	Int. Wt.	Final Wt.	Before Massage in Cms.	After Massage in Cms.	Loss or Gain in Cms.
41	130	132	29.9	31.8	+1.9
42	143	140¾	32.4	31.8	—0.6
43	148	149	35.6	36.2	+0.6
44	158	163	30.5	30.5	....
45	189	188½	35.6	37.5	+1.9
46	200	201¼	31.8	29.9	—1.9
47	212¼	215½	35.6	35.6	....
48	218½	223	40.6	40.6	....
49	228½	224¼	38.1	40.0	+1.9
50	260½	258½	38.7	38.1	—0.6
Average	189	190	34.9	35.2	+0.1

TABLE IV

LEFT THIGH

NO DIET—MASSAGE ONLY TWICE A WEEK FOR SIX WEEKS

No.	Int. Wt.	Final Wt.	Before Massage in Cms.	After Massage in Cms.	Loss or Gain in Cms.
51	160	161	62.2	62.9	—0.7
52	145½	145½	53.3	53.3	....
53	155½	157	68.6	69.9	+1.3
54	162¼	163½	66.0	65.4	—0.6
55	171	169¼	68.6	68.0	—0.6
56	195	195	74.3	74.3	....
57	200¼	200	71.1	71.1	....
58	132	132½	55.3	55.3	....
59	142	143	61.0	62.9	+1.9
60	143	143¾	61.0	62.2	+1.2
Average	160	160	64.1	64.8	+0.2

SUMMARY

In forty patients with obesity on low caloric diets, there was a loss in total body weight and a decrease in the circumference of the limb which was massaged. There was a similar decrease in the measurements of the opposite limb which was not massaged.

In twenty patients with obesity—with no dietary restrictions but who received body massage, there was no loss in total body weight and no decrease in the circumference of the limb which was also massaged with a vibrating machine.

CONCLUSION

General body massage or local massage by means of a vibrating machine, alone, is ineffective in decreasing total body weight or the circumference of a limb in patients with obesity.

STATE ACTIVITIES

MEETING OF THE BOARD OF TRUSTEES

The Board of Trustees held a regular meeting at 1:00 p. m., Sunday, October 8, 1944, in the Executive Offices, Trenton. Those present were: Dr. Norton, Chairman, who presided; Dr. Hawkes, Dr. Hornberger, Dr. Scammell, Dr. Schaaf, Dr. Fithian, Dr. Coleman, Dr. Alexander, Dr. Stahl, Dr. Crowe, Dr. Londrigan and Dr. McBride. Also present upon invitation were: Dr. Barkhorn, Dr. Hollinshed and Dr. Scott. Dr. North, Dr. Lee, Dr. Green, Dr. Young and Dr. Costello were excused.

APPROVAL OF MINUTES

The minutes of the June 4, 1944, meeting of the Board were unanimously approved.

AUDIT COMMITTEE

In accordance with the provisions of the By-Laws the following Committee was appointed to audit the Treasurer's books for 1943-44: Dr. McBride, Chairman; Dr. North and Dr. Scammell.

PRESIDENT'S REPORT

1945 Annual Meeting

President Londrigan announced the place, dates and tentative program of the 179th Annual Meeting—The Claridge Hotel, May 22-24, 1945; program to follow the 1944 schedule.

The arrangements for the 1945 Annual Meeting were unanimously approved.

The recommendation of the Annual Meeting Committee that the Society absorb partial cost and tip of the banquet and the tip of the Auxiliary luncheon from the exhibit receipts, the procedure followed in 1944, was concurred in.

Special Committees

The appointment of the following special committees to consider the specific problems referred to them was announced by the President:

Advisory to Rehabilitation Commission—Dr. George H. Lathrope (Medicine), Dr. George N. J. Sommer (Surgery), Dr. Harold W. Smith (Orthopedics), Dr. Chester R. Brown (Pediatrics), Dr. James F. Norton (Obstetrics and Gynecology), Dr. Clarence R. O'Crowley (Genito-Urinary), Dr. Joseph R. Morrow (Tuberculosis), and Dr. Elbert S. Sherman (Ophthalmology); two additional members will be added representing Neuro-Psychiatry and Ear, Nose and Throat.

Permanent Home — Dr. Harry R. North, Chairman; Dr. Frank G. Scammell and Dr. Andrew F. McBride.

Corporate Practice of Medicine—Dr. Ralph K. Hollinshed, Chairman; Dr. Royal A. Schaaf and Dr. Samuel Alexander.

Interne Training—Dr. Charles H. Schlichter, Chairman; Dr. John Connell, Dr. Henry B. Decker, Dr. Richard Dieffenbach and Dr. Arturo R. Casilli.

At the request of the Hospital Association, Dr. Sigurd W. Johnsen, Dr. William K. Harryman and Dr. Andrew C. Ruoff were appointed as representatives on a joint committee of the Hospital Association, Bar Association and Medical Society to Study and Formulate a Uniform Code for Examination of Hospital Records.

To fill the unexpired term of one year of the Chairman of the Honorary Membership Committee, Dr. Lucius F. Donohoe, resigned, the President appointed Dr. Andrew F. McBride.

Service Physicians' News Letter

Many replies to the first issue of the Service Physicians' News Letter, mailed in July, have been received and were very gratifying; the second issue is now in preparation and will be mailed during October.

SPECIAL COMMITTEE REPORTS

Osteopathic Problems

Dr. Norton, Chairman, presented two communications requesting an expression of opinion from the State Society relative to osteopathic physicians. (1) From Cumberland County — participation of osteopathic physicians in venereal disease clinics; (2) from Somerset County—appointment of osteopathic physicians as school physicians.

The Board, upon motion, referred the communications to the Officers of the Society for an opinion as to the State Society's policy re osteopathic physicians before action is taken; the Officers to report at the next meeting of this Board; and acknowledgment of these letters to be made stating that the matters had been considered and referred to the Officers.

It was suggested that the Committee consider the matter of telephone listings of M.D.'s and D.O.'s in the classified sections of the directories with the view of separate listings.

Private Hospitals

In a preliminary report received from the Chairman, Dr. Lee, it was stated that at a meeting with the Commissioner of the Department of Institutions and Agencies, the following minimum standards for small private hospitals in New Jersey had been agreed upon: Anesthetics should not be given by unlicensed persons and that major operations in any hospital should not be attempted except by physicians who have qualifications equal to minimum standards set by The American College of Surgeons; that any such hospital should have free and easy access to a good pathological laboratory to safeguard the interests of the patients. It is believed that the attitude of the Medical Society should not be to necessarily close these small hospitals but to require them to maintain such minimum standards as have been mentioned. Five years ago there were forty-four small private hospitals in the State; now there are but twenty-one.

The Board commended Dr. Lee for his excellent work.

X-Raying in Industry

Dr. Hornberger, Chairman, reported that he had contacted various representatives of industry—plant, personnel, and industrial relations managers, and medical directors in order to get their ideas on x-raying in industry. The general response on behalf of industry has been favorable. Most of the industrial corporations with whom the matter has been discussed are almost unanimously in favor of the proposition, and some are going to install it as part of their preëmployment set-up. The x-ray men of the State have also been asked to submit a very definite and concrete plan as to what they would and could do in this program.

The Committee has also received the suggestion that the program be handled through the State Society by contact with the State Chamber of Commerce requesting their industrial relations committee to appeal to industry to set up better medical departments which would include preëmployment chest x-ray examinations.

Dr. Hornberger was commended for the excellent way he has handled the matter to date.

Corporate Practice of Medicine

Dr. Hollinshed, Chairman, reported that the Committee had thoroughly reviewed the report of the Advisory Committee on Auxiliary Medical Services and consideration had been given the numerous points stressed. It was felt that the problem presented in this report was only one of many which are of vital importance to the medical profession, including its relationship to all allied professional and other groups, such as the Hospital Service Plan.

The Committee suggested the appointment of a Committee on Inter-Professional Relationships to consist of a number of medical directors or chiefs of staff from the various hospitals of the State; feeling that the proper solution of the problem lies in action by a committee especially appointed for the purpose, and that only through direct action by the medical profession in individual hospitals can our objectives be attained. This new committee could also consider the problem of elevating the standard of interne training as recommended by the Committee on Procurement and Assignment, adopted by our House of Delegates, and endorsed by the State Board of Medical Examiners.

The following action was taken by the Board on the above report: That the Chairman of the Board of Trustees appoint a committee which shall have the power to call into conference and secure the coöperation of the medical directors of the various hospitals in the State in the consideration of the problem of the corporate practice of medicine by hospitals; the committee to be known as the *Committee on Inter-Professional Relationships,* with authority to add to the committee such members of the State Society who are medical directors of hospitals as is deemed advisable.

Chairman Norton appointed the following Committee and stated that the Chairman had the privilege of augmenting the personnel as he saw fit: Dr. Ralph K. Hollinshed, Chairman; Dr. Samuel Alexander, Dr. Royal A. Schaaf and Dr. Frank G. Scammell.

In connection with the suggestion that the new committee consider the question of interne training, the Board voted that the Committee on Inter-Professional Relationships consider only corporate practice of medicine, leaving standards of interne training to the special committee already appointed to consider the matter.

Uniform Code for Examination of Hospital Records

A communication from Dr. Johnsen stated that one meeting had been held. Most of the discussion dealt with the preliminary problem of records and method of dealing with the problem of making hospital records available for examination by insurance carriers. No decisions were reached.

Veterans' Assistance Program

The following report from the Officers on the Society's coöperation in the Veterans' Assistance Program was unanimously accepted:

The Selective Service System for New Jersey desires the coöperation of The Medical Society of New Jersey in its program of assistance to veterans. They wish doctors who are now assigned as medical members of Selective Service Boards, or additional physicians appointed by the Selective Service System upon the recommendation of the County Societies, to be available in a consultative capacity to veterans who may desire such help.

The program does not contemplate in any way medical care or treatment to the veteran. There is no suggestion of federal control of medical practice or socialization of medicine involved.

Briefly, it may be described as an effort on the part of the Selective Service System to assist veterans who have medical, legal, economic or social problems upon which they wish advice by other than the existing governmental agencies provided for the purpose.

The Committee recommends the endorsement of the project in principle by the State Society, and that the Trustees should so inform the Presidents of the Component County Societies. It is further recommended that before final action is taken in this matter, the advice of counsel should be sought to ascertain whether there are any medical-legal implications or obligations involved in this plan which are not immediately apparent.

(Note: Legal advice from counsel states there are no medical-legal implications or obligations involved in this plan.)

Permanent Home

Dr. McBride, reporting for Dr. North, Chairman, stated that a property on West State Street, Trenton, one block west of the State House, had been offered to the Society as a permanent home—purchase price $30,000. The Committee believes that the property could readily be made satisfactory for our purposes, and that the Society could afford to purchase this home and make the necessary repairs for our needs. The home would give us greater facilities with which to do our business and bring greater prestige to the Society if we have a home of our own.

Dr. Norton stated that the first matter to be considered was whether or not the Society desired to have a permanent home.

It was the unanimous vote of the Board to purchase a home for the State Society.

Following discussion on the property and finances involved, the Board voted to purchase as a permanent home for the Society the property located at 315 West State Street, Trenton, at the price offered—$30,000.

The Board also voted that the funds for the purchase of the permanent home be taken from the Surplus Account, and that the Chairman of the Board of Trustees, Dr. James F. Norton, and Chairman of the Finance and Budget Committee, Dr. Harry R. North, be delegated to represent the Society in the transaction.

It was directed that the Chairman of the Board of Trustees seek legal opinion before negotiating the purchase of the property.

(Note: Legal advice from counsel states the Board of Trustees has the right to enter into an option and buy the property for the purposes of the Society—Charter of 1864, Section 3, which gives the Society the right to hold any real and personal estate; and By-Laws, Section 5 (b) which gives the Board of Trustees general supervision over the affairs of the Society, with authority to act for the Society between annual meetings.)

FINANCE AND BUDGET REPORT

Dr. McBride presented the report for the Chairman, Dr. North.

Social Security Tax

The Board concurred in the recommendation that the Society absorb the employees' retroactive Social Security tax of $53.19; the Bureau of Internal Revenue in June having ruled the Society subject to the tax retroactive to April 1, 1944.

Mileage Allotment

The Board concurred in the recommendation that the mileage allotment of the Executive Secretary to the Legislative Committee be increased from 5 cents to 6 cents; allotment to cover travel, hotel and meals.

The Board voted that the Auxiliary be notified that they may use their budget appropriation at their own discretion, which may include traveling expenses of Board members to regular meetings, provided the total expenditures do not exceed the total allotment.

Bills

The Board voted that the President's bill, including his expenses to the A. M. A. meeting in Chicago and entertainment of the New Jersey Auxiliary there, be approved and paid.

SECRETARIES' AND EDITORS' CONFERENCE

Dr. Stahl reported that he is planning to attend the Secretaries' and Editors' Conference of the A. M. A. to be held November 17th and 18th in Chicago, and with the approval of the Chairman of the Publication Committee, he had suggested the attendance of Dr. Scott to represent the Editor.

MATERNAL WELFARE OFFICE AND SECRETARY

A communication from Dr. Robert A. MacKenzie, a member of the Maternal Welfare Committee, urging the appointment of Miss Greta Axelson as permanent secretary to the Committee, and a report from the President, who had conferred with Miss Axelson, and the Chairmen of the Maternal Welfare Committee and Public Health Committee, were presented and considered.

The Board unanimously voted that no permanent secretary to the Maternal Welfare Committee be appointed and that the work of the Committee be transferred to the central office of the Society in Trenton.

CORRESPONDENCE

Milk Delivery

A communication from Dr. Olin West, Secretary of the A. M. A., relative to delivery of milk, in response to resolutions pertaining to restrictions placed on the distribution of milk, was referred by the Board to the original source of the resolutions.

In response to a communication from Dr. Victor Johnson, Secretary of the Council on Medical Education and Hospitals of the A. M. A., requesting information on the Essex College of Medicine and Surgery in Newark, the Board approved the reply which refers Dr. Johnson to the March, 1944, issue of *The Journal* in which is expressed the attitude of the Society relative to the institution, and directed that a copy of the article be sent with the letter.

MEDICAL SERVICE ADMINISTRATION

A suggested communication from the Board of Trustees to the membership, to be sent out from the Trenton Offices, relative to support of the Medical Service Administration, in compliance with the recommendations of the House of Delegates, was approved.

MEDICAL-SURGICAL PLAN

Dr. Scott presented recommendations from the Trustees of the Plan.

County Medical Advisory and Adjustment Committees

The Board concurred in the recommendation that they advise and urge each component County Society to appoint a Medical Advisory and Adjustment Committee to which may be referred problems relative to Medical-Surgical Plan and problems arising between the medical profession and governmental agencies.

United Medical Services

The Board concurred in the recommendation that since United Medical Services, a non-profit medical service plan, has received the approval of the Medical Society of the State of New York, the matter of United Medical Service enrolling participating physicians in New Jersey be approved. The Board directed that the Medical-Surgical Plan so notify the United Medical Service.

Dr. Scott's Expenses

The Board approved reimbursing the Medical-Surgical Plan for one day's expenses incurred by Dr. Scott while attending the 16th Scientific Assembly in Washington, D. C., October 6th and 7th, at which meeting he was a speaker.

Union County Action

President Londrigan reported that the Union County Medical Society had, on September 27th, turned down the Medical-Surgical Plan; and it was felt that everything to which Union County had objected in the Plan had been adjusted.

The Board voted the following suggestion to the Board of Trustees of the Medical-Surgical Plan: That when and if three-fourths of the County Societies approve of the Medical-Surgical Plan, it becomes operative in every County of the State where 51 per cent of the physicians subscribe to it, and that any previous commitments or communications on the part of the Board of Trustees to the contrary are hereby rescinded.

WELFARE COMMITTEE

Dr. Hornberger, Chairman, submitted a report of the actions taken by the Welfare Committee on October 1st, which report was accepted by the Trustees.

EMIC Program

The recommendation of the Welfare Committee that the Board of Trustees give an interpretation of the resolution passed by the House of Delegates pertaining to coöperation in the EMIC program, was referred to the President who will communicate the interpretation to the Chairman of the Welfare Committee.

A. M. A. Delegates

The Board approved the request of Dr. Eagleton, Delegate to the A. M. A., that copies of the Welfare and Subcommittee minutes be sent to each Delegate to keep them informed of the Society's actions throughout the year.

ALDRICH C. CROWE, M.D., Secretary,
Board of Trustees.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February 1943 issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. It is emphasized that to *obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Allentown—Farmers Hospital
Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
J. S. Hunt Laboratory, 805 Atlantic Ave.
Municipal Hospital
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bloomfield—Health Department
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
West Jersey Homeopathic Hospital
Cape May Court House—County Court House
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—East Orange General Hospital
Health Department
Elizabeth—Alexian Bros. Hospital
Elizabeth Biochemical Lab.
Health Department
Englewood—Englewood Hospital
Franklin—Franklin Hospital
Hackensack—Hackensack Hospital
Hoboken—St. Mary's Hospital
Irvington—Health Department
Jersey City—Christ Hospital
Greenville Hospital
Hudson County Board of Health Lab.
Medical Center
Physicians and Surgeons Clinical Laboratory, 591 Summit Ave.
St. Francis Hospital
Lakeland—Camden Co. General Hospital
Lakewood—Paul Kimball Hospital
Linden—Health Department, City Hall
Long Branch—Board of Health
Monmouth Memorial Hospital
Mays Landing—District Region Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Mountainside Hospital
Morristown—All Souls' Hospital
Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Neptune—Fitkin Memorial Hospital
Neptune Township Board of Health
Newark—American Legion Hospital
Asen Clinical Lab., Medical Tower
Beth Israel Hospital
Coit Memorial-Babies' Hospital
Columbus Hospital
Community Hospital
Newark Memorial Hospital
Presbyterian Hospital
St. Barnabas Hospital
St. James Hospital
St. Michael's Hospital
New Brunswick—Middlesex General Hospital
St. Peter's Hospital
New Monmouth—Middletown Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Bldg.
Ocean City—Friel Clinical Laboratory, 332 Asbury Ave.
Orange—Orange Memorial Hospital
Passaic—Beth Israel Hospital
Passaic General Hospital
Physicians Laboratory Service, 199 Monroe St.
St. Mary's Hospital
Perth Amboy—Perth Amboy General Hospital
Phillipsburg—Warren Hospital
Pitman—District Health Office
Princeton—Health Department
Princeton Hospital
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Riverside—Zurbrugg Hospital
Salem—Salem County Memorial Hospital
Secaucus—Hudson County Contagious Disease Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Overlook Hospital
Trenton—McKinley Hospital
Mercer Hospital
St. Francis Hospital
Union City—Hudson Diagnostic Lab., 408 36th St.
Union City General Hospital
Verona—Overbrook Hospital
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
Westfield—Board of Health
West New York—General Research Laboratory, 444 W. 60th St.
Woodbury—Brewer Hospital
Underwood Hospital

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

OBITUARIES

DR. WILLIAM JEROME ARLITZ

Dr. William J. Arlitz of Hoboken died at his summer home in Elizabethtown, N. Y., on August 22, 1944. Death was due to a cardiac ailment from which he had suffered intermittently over a period of several years.

Born in Philadelphia in 1868, Dr. Arlitz received his early education in that city and was graduated from the Hahnemann Medical College and Hospital of Philadelphia in 1890 and the Baltimore College of Medicine in 1897. Dr. Arlitz specialized in traumatic surgery, serving as chief surgeon for the Lackawanna Railroad and the Public Service Corporation for many years. In addition to medicine, he was keenly interested in law and was considered an authority on medical jurisprudence.

Despite a busy life, Dr. Arlitz found time to cultivate an interesting hobby—fine printing, engraving and the kindred arts.

Dr. Arlitz, a veteran of World War I, was a fellow of the American College of Surgeons, a member of the staffs of Christ Hospital, Jersey City; New Jersey State Hospital, Greystone Park; North Hudson Hospital, Weehawken; and the Moses Taylor Hospital, Scranton, Pa. He was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. GEORGE L. BELLINA

Dr. George L. Bellina of North Bergen, who had been ill a year, died on September 18, 1944, at St. Clare's Hospital, New York.

Born in New York in 1913, Dr. Bellina was educated at DeWitt Clinton High School, New York University, University of Rome and received his medical degree from the University of Catania, Italy, in 1938.

Dr. Bellina was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. B. FRANKLIN BUZBY

Dr. B. Franklin Buzby, prominent orthopedic specialist of Southern Jersey, died in Cooper Hospital on October 23, 1944, at the age of 53. He had been a patient at the hospital for only a few days although he had been ill for six months.

Dr. Buzby, whose home was in Cynwyd, Pa., was Chief of the Orthopedic Service at Cooper Hospital, Burlington County Hospital, Germantown Hospital and was Orthopedic Consultant at the Underwood Hospital in Woodbury and for Camden County institutions at Lakeland.

He was graduated from the University of Pennsylvania Medical School in 1914, and later returned there as instructor in surgery after interning at Episcopal Hospital. From 1920 to 1934 he was Orthopedic Surgeon at the Philadelphia Orthopedic Hospital, now the Doctor's Hospital.

Dr. Buzby was a member of the Philadelphia Academy of Surgery, Philadelphia Orthopedic Club, The Medical Society of New Jersey, and a former President of the Camden County Medical Society. During the first World War he held the rank of captain, specializing in orthopedic work in the Medical Corps.

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KILLED IN ACTION

CAPTAIN EDWARD J. HACKETT

Capt. Edward J. Hackett died in France on September 13, 1944, as a result of wounds received in action while caring for injured men in the front lines.

Capt. Hackett was born in Jersey City in 1907 and received his medical degree from New York University School of Medicine in 1933. He interned at the Medical Center and Margaret Hague Maternity Hospital, Jersey City. He had been practicing medicine in Westfield since 1935, and was the police surgeon as well as school physician.

Capt. Hackett was commissioned as a First Lieutenant in July, 1942, and went overseas in June, 1944. He was Medical Field Surgeon with a Reconnaissance Squadron Mechanized, and had been with General Patton's Third Army in France since early August. His duties were always in the front lines and most of his work was under constant artillery and anti-tank fire. He had participated in many of the major battles that resulted in the liberation of Paris and a great part of France. His work was reported as an inspiration to the first-aid men who did magnificent work under his command caring for and evacuating the wounded.

Capt. Hackett was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

At a meeting of a special committee of the Union County Medical Society on September 27, 1944, the following resolution was adopted:

Whereas, Our fellow member of the Union County Medical Society, Captain Edward J. Hackett, of Westfield, New Jersey, in the services of his country, has made the supreme sacrifice;

Be It Resolved, That the deepest sympathy of all the members of the Union County Medical Society be expressed to Mrs. Hackett and the members of his family, and also

Be It Resolved, That a copy be sent to Mrs. Hackett, a copy be spread on the minutes of the meeting and a copy be sent to the press.

Leo H. Salvati, M.D.
Lorrimer Armstrong, M.D.
C. T. Décker, M.D.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at Bergen Pines on the evening of September 12, 1944, and was called to order by the President, DR. WILLIAM K. HARRYMAN.

DR. R. C. ESSERTIER of Ridgewood was elected to regular membership, and DR. GRACE C. HARDY of Englewood to associate membership.

DR. RODERICK V. GRACE, Visiting Surgeon to the Ruptured and Crippled and the Bellevue Hospitals, and Associate Professor of Clinical Surgery, College of Physicians and Surgeons, Columbia University, gave a talk on his experience gained from the study of hernia in all age groups at the Ruptured and Crippled Hospital.

Dr. Grace spoke first of the infant group. He stated that for the most part, where possible, infants were treated by the use of truss. If possible, the operation was put off until they were at least two and one-half years of age. He cited, though, one operation at 12 hours of age and several a few days old, which were of absolute necessity. He also pointed out that the simpler the operation in this group, the better the results. He said they never expected a cure by the use of trusses, but it did give them a hold-over period until the children were older.

He then took up the next age group of children, and included in his discussion the need also in this group of the simplest possible surgery. Dr. Grace said that there had been but 3 per cent recurrences in this group, and these were all of the very low age. He spoke of the worry that doctors have of the small children moving about in bed, and even getting out of the crib. He said that the surgery was so simple in most cases that after the third day there was no cause for worry. He recommended six days of hospitalization for this group.

Dr. Grace then spoke of the older age group, which he took up in great detail. In large hernia, where it was possible, he recommended a few days' rest and treatment for reduction before operation.

He mentioned in detail testes complications, and said that he found 96 per cent of these cases in the older age group of undescended testes were due to tumor and that all cases over 21 with this complication should be examined on the possibility of malignancy.

Dr. Grace stated that so many surgeons fear obesity, but they have had excellent results even with so-called "football hernias".

They had collected 1,026 patients in the past nine years who were over 50 years of age, 72 per cent between 50 and 59, 24 per cent between 60 and 69, 3.1 per cent between 70 and 79, and .2 per cent over 80 years of age.

Dr. Grace mentioned the fact that frequently when older patients came for operation, it was put off with hope that it would not have to be done. He recommended operation at the time when called for. He said that the recurrence rate was from 20 to 24 per cent, but in many cases it was a small bulge and if they had not followed their cases, they would never have known that there was a recurrence as many had no distress or sense of hernia being present.

He showed a death rate of 2.9 per cent. He recommended no support after operation. Dr. Grace urged a very careful examination followed by every safeguard in and out of the operating room, "and then operate".

A rather lengthy question-and-answer period followed, giving an index of the enthusiasm with which the speaker was received.

The regular meeting of the *Bergen County Medical Society* was held at Hackensack Hospital on the evening of October 10, 1944, at 9:15, DR. WILLIAM K. HARRYMAN presiding.

The minutes of the regular meeting of September 12, 1944, were accepted as corrected and read by the Secretary, and the minutes of the Executive Committee meeting of September 19 were accepted as printed in the Bulletin.

The President read a letter sent to Dr. Dickson by Congressman Harry Towe, stating the latter's opposition to the Murray-Wagner-Dingell Bill. Dr. Harryman recalled the official action of the Society about a year ago in this matter and reiterated that our Bergen County representatives in Washington are solidly opposed to the measure.

A contemplated course of lectures on Tropical Diseases was announced by the Executive Secretary and explained by Dr. Harryman, who brought out that the organized nursing profession of the county is initiating the plan and has invited those physicians who wish to participate. The lectures are to be delivered by DR. ARTHUR GRACE.

DR. J. C. BRAUN of Palisades Park was elected to regular membership.

The speaker of the evening was ALVAN L. BARACH, M.D., Associate Professor of Clinical Medicine, Columbia University, College of Physicians and Surgeons, Assistant Attending Physician, Presbyterian Hospital, who spoke on "The Treatment of Bronchial and Cardiac Asthma from a Physiological Point of View".

It was pointed out that in normal breathing the negative pressure within the chest walls is minus 5 mm. of water and that in asthma this falls to as low as minus 27 mm. of water. This severe fall in negative pressure exerts a cupping action on the bronchi and alveoli, causing edema and suction of mucous from the glands into the swollen bronchi. Also blood is sucked into the lungs and the flow into the aorta is diminished and the pulse volume falls off. As the negative pressure rises to minus

15 mm. of water, blood again flows more freely into the aorta.

Since all the air in the lungs of the asthmatic is not expelled the trapped air may reach 800 cc. in volume and produce a functional emphysema which as time goes on may over-distend the alveoli and produce a chronic pulmonary emphysema.

Treatment must be directed toward bronchial relaxation. The use of helium and oxygen mixtures, aminophyllin by vein and rectum as well as iodides and various central nervous system sedatives, was described in detail.

The speaker illustrated his talk with lantern slides and answered numerous questions from the floor.

A rising vote of thanks was accorded the speaker for his excellent dissertation.

CAMDEN COUNTY

Joseph C. Lovett, M.D., Reporter

The *Camden County Medical Society* held its first fall meeting on October 3rd, 1944, at the Camden City Dispensary. The meeting was presided over by DR. HENRY DECKER as Dr. O. W. Saunders, President, was ill. Twenty-nine members were present.

Dr. A. G. Pratt introduced the speaker of the evening, DR. S. GORDON CASTIGLIANO, Oncologist and Assistant Medical Director of the American Oncologic Hospital in Philadelphia. Dr. Castigliano gave a very interesting and informative talk on cancer. Some of the highlights of his talk were that the general practitioner is the first line of defense. He is the one who can arrange for the patient to have the best line of treatment and prospect of cure.

Great studies have been made in the past forty years. Cancer of the breast taken early will give 75 per cent cures. Cancer of the skin will give 85-90 per cent cures. The use of x-ray and radium have passed through the various stages since 1893 to the present time—of probing, unwarranted fear, optimism followed by discouragement, and from 1928 the stage of steady progress in treatment and technique. Modern radium therapy has given excellent results. Oncological Hospitals and Tumor Clinics in the various hospitals will bridge the gap in fighting cancer.

To continue to go farther in the treatment of cancer, we must overcome ignorance in cancer knowledge, have early diagnosis and proper treatment. The expert includes the general surgeon, the regional surgeon, the gynecologist, the oncologist, radiologist and so on down the list. The "quack" treats thousands of cases yearly and no one seems able to do anything about it. The expert must be trained in diagnosis and treatment. The specialty of Oncology is on the way and cancer in the future will be handled only by the oncologists.

The general practitioner is doing his level best but many are not measuring up to the first line of defense. Too often, the physician will not recognize cancer in the early stage and valuable time is lost. Education of the profession is as important as education of the public.

There are no classical or typical signs of cancer; cancer must be searched for. Pain is a late symptom. Seventy per cent of the delay in diagnosing cancer early is due to the fact that the patient does not consider his symptoms serious enough to consult a physician or the exaggerated and morbid fear that the physician will find cancer. Economic reasons are also a cause in keeping patients away. If every one would use his present knowledge of cancer, the mortality rate would be reduced 50 per cent in a year. As the percentage of older people in our country increases, so will our cancer problem increase.

Slides were then shown of cancer patients.

The paper was discussed by Dr. H. W. Jack. Dr. Jack stated that The Women's Field Army has collected in the past year $5,000.00 in Camden County for the Cancer Clinics at Cooper Hospital and West Jersey Homeopathic Hospital. The quota for this year is $2,000.00. Fifty per cent goes to the State Cancer Program and 50 per cent of the Camden County quota will be used for educational purposes.

GLOUCESTER COUNTY

A. Guy Campo, M.D., Reporter

The *Gloucester County Medical Society* opened its fall season on Thursday evening, September 21, 1944. The meeting was called to order, business discussed and guest speaker introduced. The speaker was DR. HOKE WAMMOCK, Chief of Staff of Jeannes Hospital, Philadelphia, and on the staff of the Underwood Hospital, Woodbury. His paper was "Diagnosis of Benign and Malignant Lesions of the Colon and Rectum". He stated that in 1940 the United States witnessed the death of 160,000 persons from different forms of malignancies. This, he believes, is due to the increase in the span of life.

In the female, 75 per cent of the cancers are accessible, while in the male only 25 per cent are accessible for diagnosis and treatment. His article outlined carcinoma from the ileocecal valve to the rectum. Fifty per cent of the carcinomas of the lower bowel can be reached by the index finger in rectal examinations.

The age incidence shows a peak in these lesions between the fifty-fifth and sixty-fifth year.

Types of carcinoma discussed were: (1) Proliferative, with no signs of bowel obstruction; (2) annular, which gives signs of bowel obstruction.

Treatment, unless dissemination has occurred by the lymphatics into the blood stream, is radical surgery.

Diagnosis: There are no early symptoms, although there may be discomfort on eating, or blood changes. Now and then on physical examination we may find an abdominal mass. Differential diagnosis, of course, should eliminate possibility of appendicitis, chronic segmental colitis, appendiceal abscess or simple ulcer of the large bowel.

Prognosis, without dissemination, is good if patient survives the operation.

In the ascending colon 50 per cent of the malignancies are found, a decrease in the transverse and descending colon, until the rectum is reached where 25 per cent of the lesions are found.

Five per cent of all carcinoma is found in the rectum. Of these, 70 per cent is found in the upper third, 25 per cent in the middle third and 5 per cent in the lower third. Diagnosis: (1) Change of bowel habits, alternating diarrhea and constipation; (2) pain, which occurs late in the disease; (3) bleeding. Treatment is surgical.

Keynote of the speech was early diagnosis and treatment.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Tuesday, October 3, 1944, at the Masonic Club, Jersey City, with Dr. Walter D. Weber, President, presiding.

Dr. Butler, Secretary, announced that the Medical Economics Committee at its meeting on September 25, 1944, had approved a recommendation that the active members of the Society be asked to contribute $10.00 each toward the cost of an advertising campaign in opposition to the Wagner-Murray-Dingell Bill, and presented the matter for consideration and discussion.

Following a discussion, a motion was regularly made, seconded and carried that the annual dues for 1945 be increased to $42.00, a notation to be made upon bills that $10.00 of this amount is to be allocated to the Medical Economics Committee for expenditure in its campaign against the Wagner-Murray-Dingell Bill.

The following were elected to membership: Dr. Walter G. Terwedow, Hoboken; Dr. Walter H. Modarelli, Union City, and Dr. Francesco A. Figurelli, Jersey City. Dr. Francis E. Talty, Hoboken, transferred from Massachusetts Medical Society.

Dr. Howard B. Shookhoff, Epidemiologist in Tropical Diseases, New York City Health Department, spoke on "The Future of Tropical Diseases in Medical Practice" (with lantern slides).

SYNOPSIS

Dr. Shookhoff included in his address three types of disease that are "correctly or incorrectly" called tropical; those due to parasites of the animal kingdom; those, such as leprosy, that have retired to the tropics where they find conditions more congenial; and those that are truly of tropical distribution. He named three gaps in our present defense against them. One, that effective preventive measures are not available for all tropical diseases; another, that under combat conditions, preventive measures are often out of the question; and the third, the element of human fallibility which makes impossible the perfect application of preventive measures. He stated his belief that the civilian physician will be called upon to treat the so-called tropical diseases because of their characteristic latency, calling attention to the fact that every time an individual who has been in the tropics consults a physician, the possibility of tropical infection will have to be considered—despite the fact that large numbers of these persons will be suffering from ordinary cosmopolitan diseases.

The type of condition most likely to be seen is that characterized by chronicity and a long latent period during which there may be few or no symptoms. The most important to remember of these are:

1. Chronic or recurrent malaria.
2. Conditions due to parasites detectable by examination of stool.
3. Amebic infection and sprue.
4. Filariasis of the Bancroftian variety.

Recurrent Malaria. Experience indicates that malarial relapses will be quite common in spite of proper treatment during the first attack.

When a returned service man develops fever, without or with chill, one of the first thoughts must be for malaria—particularly during the first year, since it is then that the malignant tertian type may relapse. While malaria exhibits a periodic type of fever, especially in relapses, malignant tertian malaria may show an irregular fever, and when the patient is first seen, sufficient time may not have elapsed for one to be certain of the periodic type of curve.

At this point, Dr. Shookhoff emphasized that the diagnosis in most tropical diseases must be confirmed or ruled out *by the laboratory.* For instance, the response to quinine in malaria is not a criterion, as many brief fevers appear to respond to quinine. A thick and a thin smear should be examined, and if the first proves negative, a second should be submitted at the end of twenty-four hours.

The speaker called attention to the fact that while enlargement of the spleen suggests malaria, its absence does not rule malaria out. Other symptoms and signs mentioned were headache, general malaise, nausea, generally normal or slightly low white blood count—or even a leucocytosis—as it is possible for a tropical condition to exist in combination with a second one, or with a cosmopolitan disease.

Conditions Due to Parasites Detectable by Examination of Stool. These will probably constitute the largest single group of conditions likely to be encountered.

Ascaris infections may be present without causing symptoms, and without treatment usually die out spontaneously within a few years. This infection will be met only during the period immediately following discharge from service. If found, ascaris should be treated as it can be responsible for bile duct obstructions and intestinal obstruction. *Hookworm* is another infestation that will be seen only in the immediate post-discharge period. *Pin worm,* not being a really tropical parasite, will probably not figure among the problems connected with returning military personnel. Strongyloides may give rise to obscure abdominal symptoms and diarrhea. Specific treatment is gentian violet. The *tape worm,* considered familiar to his listeners, was passed over for discussion of more important parasites.

Of the flukes, the most widely distributed are the three species of Schistosma, namely S. japonicum, S. mansoni and S. haematobium. Our forces in the East Indies, China, North Africa and the Mediterranean areas are exposed to these parasites, infection occurring through wading in polluted streams.

S. japonicum frequently produces a hepatosplenomegaly, leading to the characteristic picture of cirrhosis of the liver, which can also occur with S. manzoni. The fully developed picture of this infection may be cirrhosis of the liver or chronic dysenteric symptoms. It is extremely important to look for these parasites in any instance of abdominal complaint in returning soldiers. S. haematobium most commonly causes urinary difficulties, the most characteristic symptom being hematuria. The schistosomal infections are treated with antimony preparations; the most commonly used are tartar emetic and fuadin.

Two other flukes may be picked up in the Far East—C. sinensis, which affects the liver and is acquired by eating raw fish; and P. ringeri, acquired in a similar manner, which eventually lodges in the lung.

Amebic Infection and Sprue. Dr. Shookhoff expressed the opinion that chronic or recurrent diarrhea will be the commonest single symptom to be dealt with, in which instances first consideration must be for amebic infection and the disease, or group of diseases, known as sprue.

The speaker described *amebiasis* as probably the "most neglected, misunderstood and mismanaged infection in this part of the world". He cited instances that had come to his attention recently where patients with bloody diarrhea were allowed to go for years without a stool examination, although x-rayed from "gullet to rectum". He named four common fallacies current:

1. The term "amebic dysentery"—actual dysentery occurring in only a minority of cases.
2. The belief that amebiasis is a tropical disease —whereas this infection is widespread throughout the Temperate Zones, although the infection rate is higher in the tropics.
3. The opinion that emetine is the drug of choice —whereas it is neither necessary or advisable in the majority of cases.
4. The belief that liver abscess, an important complication of amebic infections, is a surgical condition—the fact being that surgical drainage is only exceptionally indicated in amebic liver abscess.

The etiology of *sprue* is unknown. While common in the tropics, the syndrome does arise in persons who have never been in the tropics. In some instances, an organic lesion such as mesenteric lymph node disease, gastrojejunocolic fistula, or extensive lymphosarcoma of the small gut is responsible for the picture, from which it may be assumed that defective absorption in the small intestine is the basis of the syndrome—although the cause of this faulty absorption is unknown. For some mysterious reason, prolonged tropical residence seems to be a frequent predisposing factor, and for this reason it is to be expected in returning service men. Clinically, the typical picture is chronic diarrhea, often intermittent, weight loss, sore mouth and macrocytic anemia. Diagnosis is confirmed by high fat substances in stool and the presence of macrocytic anemia. All else is variable.

A minor but interesting cause of chronic diarrhea is Giardia (Lamblia)—which should be kept in mind, because atabrine in usual doses cures virtually all cases.

Filariasis. Since a considerable number of our fighting men have returned from the Southeast Pacific with filariasis, general interest in this disease has increased, and the classical text-book illustrations have aroused considerable alarm and apprehension. Wuchereria bancrofti, the most important and widespread of the several varieties of human filaria, is transmitted in nature primarily by Culex mosquitoes.

The diagnosis of filariasis is usually made by finding the larvae or microfilaria in the blood. There is a peculiar periodicity to the appearance of these larvae, and the best time to look for them is about at midnight.

Cysti Cercosis and Hydatid or Echinococcus Disease. These conditions were described, but the speaker expressed the opinion that they will be rarely encountered.

In the concluding portion of his address, Dr. Shookhoff said that he hoped he had placed due emphasis on the fact that these diseases can rarely be diagnosed from the clinical picture alone, and that virtually any symptom complained of by a person who has been in the tropics may be due to a tropical disease.

Four general rules were offered:

1. When illness occurs or when surgery is contemplated, perform a routine examination of blood and stool.
2. Always consider malaria. A minimum of two blood examinations, twenty-four hours apart, are required to rule it out.
3. Vague abdominal symptoms call for not one, but repeated stool examinations. It may take six examinations to find Schistosoma ova, and four or five to find amebic cysts.
4. A positive routine Wassermann requires a search for tropical diseases before anti-syphilitic therapy is administered.

Dr. Shookhoff does not foresee much risk of spread of the tropical diseases locally, since most of them require rather special conditions and vectors for their dissemination. One exception is *malaria,* which can still spread in these parts during periods of marked anopheles breeding, and also by blood transfusion. The most important exception is *amebiasis* which is constantly being disseminated right here, and any great increase in the number of infected individuals increases the risk to the whole population.

"Don't worry about tropical diseases, but think about them", was the speaker's final remark, as he again urged free use of good laboratory facilities.

Discussors were DRS. CANNON and TYNDALL, both of whom complimented Dr. Shookhoff on his exceptional knowledge of tropical medicine and his brilliant presentation.

MONMOUTH COUNTY

Elsworth Baker, M.D., Reporter

The regular meeting of the *Monmouth County Medical Society* was held at the new Auditorium,

Borden Memorial Pavilion, Monmouth Memorial Hospital, Long Branch, on September 27, 1944. The President, DR. OTTO HOLTERS, presided. The meeting was devoted entirely to business.

Matters discussed were:

1. Whether a fund should be created for the benefit of physicians returning from the services and whether this should be in the form of a gift or a loan.

Considerable discussion followed and a letter was read indicating a program adopted by the Morris County Medical Society. Motion was finally carried unanimously to the effect that such a fund should be created to assist needy families of physicians in the Services and made available to the returning physicians, to be loaned without interest, and that this fund should be created by a voluntary monthly contribution, and that it be known as the "Major Edmund Kanses Memorial Fund", donations to be retroactive to January 1, 1944. A typewritten pledge will be sent to all members of the Society.

2. Whether the Society should continue monthly meetings for the remainder of the war or change to bi-monthly meetings, particularly eliminating the December and February meetings which have been poorly attended in the past.

Since this would necessitate a change in the by-laws, a motion was made that in the future meetings be held bi-monthly, and the question will be voted at the next meeting.

3. Dr. Louis F. Albright spoke briefly on "The Medical-Surgical Plan of New Jersey".

4. A letter from one of the Social Agencies in the County was read pointing out the difficulty in securing emergency medical care in one of the districts.

Considerable discussion followed and the matter was turned over to the Secretary of the Society.

5. The resignation of DR. HARVEY S. BROWN of Freehold was received and read. Dr. Brown is the oldest active member of the Society and it was unanimously voted that he be made an Honorary Member and a letter sent to him informing him of the motion with regret at his leaving the county and the Society, together with the best wishes of the Society.

6. DR. VINCENT J. FAZIO was elected a member on application of transfer.

7. DRS. FELDMAN, FREEDMAN and PODELL were welcomed back into active practice after having served various duties in the Armed Services.

8. It was unanimously agreed that the Society should convey sympathy to the families of DR. WILLIAM K. CAMPBELL of Long Branch, and MAJOR EDMUND S. KANSES of Rumson.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The first regular meeting of the 1944-1945 session of the *Passaic County Medical Society* was held on September 19, 1944, at the Freeholders' Meeting Room. The meeting was called to order by our new President, DR. WILLIAM SULLIVAN.

The President read a communication concerning a contract made by the city of Passaic with the Paterson Board of Health. By means of this contract all laboratory work of both Passaic and Paterson will be handled by the Paterson Board of Health. The Passaic physicians will pick up their supplies at the Passaic Board of Health and return these to the Passaic Board of Health during their working hours. Delivery will then be made to the Paterson Board of Health and reports will be sent from Paterson directly to the doctor. No specimens will be accepted through the mail.

The speaker of the evening was DR. MILTON CARL PETERSON whose subject was "The General Appreciation of Anesthesia". Dr. Peterson is an Associate Professor of Anesthesiology at the New York Post-Graduate Hospital and a member of the American Society of Anesthetists. His talk included the value and indications for spinal, general and regional anesthesia. Dr. Peterson's talk was well received. There was considerable discussion by the members of the Society.

UNION COUNTY

Norman W. Burrit, M.D., Reporter

A regular meeting of the *Union County Medical Society* was held on September 13, 1944, at St. Elizabeth Hospital, Elizabeth, with DR. M. G. BENSLEY, President, presiding.

The minutes of the May 10 meeting and the minutes of the meeting of the Executive Committee on September 11 were read and accepted.

Dr. Bensley introduced the speaker of the evening, DR. A. L. JOHNSON, County Superintendent of Schools, of Elizabeth, who spoke on "American Indian Surgery". Dr. Johnson became interested in American Indian medicine and surgery some years ago as a hobby, and today is one of the best known authorities on this subject. He described the various types of surgery performed by the medicine men and also the different kinds of herbs they used in making up their drugs. They also had their own medical societies which met regularly. After his talk Dr. Johnson displayed some of the smaller instruments from his famous collection of American Indian medical and surgical instruments.

The meeting then adjourned as there were not sufficient members present to transact business.

A special meeting was called on September 27, 1944, for the purpose of discussing the revised Medical-Surgical Plan contract. The motion that the Society rescind its motion of March 10, 1943, at which time it was moved that no action be taken by the Society until two-thirds of the members return from service, was lost by a vote of 19 in favor of rescinding the former action and 21 against.

The following physicians were elected to membership: ROBERT J. BRAUNWARTH, CAPT. WALTER H. BUFFEY, M.C., J. G. DUPUY, ELLEN SAGI and STANLEY TOLOR, Elizabeth; THEODORE KATZ, F. L. ROTH and LT. M. F. LYNCH, Linden; P. A. PROUDFOOT, Roselle. JOSEPH O. EVANS transferred from Essex County.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Report for the Period from April 26, 1944, to October 9, 1944

Mrs. David B. Allman

I am happy to state that my "career" as President of the Woman's Auxiliary to The Medical Society of New Jersey has thus far been most pleasant and most enjoyable. I am sure that the splendid coöperation that I am receiving from all concerned will continue and I therefore have no doubts but that I will be able to make the same statement at the conclusion of my term of office.

We must expect differences of opinions on minor subjects and in certain matters but I feel that we all have the same ultimate goal and I know that with your continued support this will be a happy and profitable year for us all.

My first "official duty" in the capacity of your President was to attend a meeting of the New Jersey State Advisory Group on Red Cross Home Nursing. This was held on May 24th at the Chapter headquarters in Newark. The meeting was well attended and the discussion was most beneficial.

On June 9th I left for Chicago to attend the National Convention of the Woman's Auxiliary to the American Medical Association. New Jersey was well represented, as I was accompanied by Mrs. Yaguda, who represented this State at the meeting; Past Presidents Mrs. McDonnel and Mrs. Hornberger, President-Elect Mrs. Dodd, and Mrs. Bray and Mrs. Mason, both of whom also served as Delegates.

My first "Official Family" visit was on October 2nd when I was the honored guest of the Burlington County Auxiliary. Their meeting was conducted in a very efficient manner by their President, Mrs. James Q. Atkinson. An enjoyable tea followed the meeting. This County is to be congratulated upon its efficient Auxiliary and for the fine work they are doing. It was a pleasure and an honor for me to partake of their hospitality.

On October 6th I had the pleasure of being the guest of the Ocean County Auxiliary. Our President-Elect, and the President of the Ocean County Auxiliary, acted most efficiently as presiding officer and most charmingly as hostess to a delightful and delicious, I might say, "Dinner". Such splendid repasts are certainly not conducive to "streamline figures".

Ocean County is to be commended for the splendid work that they are doing with their "Blood Transfusion Fund". This is indeed an excellent project and is apparently being operated in a most efficient manner. Their warm hospitality made my visit very enjoyable.

Atlantic County, as some of you know, is planning a luncheon in my honor to be held on Friday, October 13th. In spite of the day and date, I know the girls of Atlantic County are planning even to "out-do" themselves.

Some of the other invitations on my agenda include a visit to Middlesex County on October 18th and Essex County on October 23rd.

A cordial invitation to visit Camden County was received from Mrs. McConaghy, but could not be filled because of previous commitments. This visit will be made and reported at a later date.

There has been an unavoidable delay in the publication of our Program Book, but a copy will soon be mailed to each of you.

I am endeavoring to fulfill the duties assigned to me to the best of my ability and shall continue to do so for the balance of my term. I assure you that I am receptive to any constructive advice or criticism.

EXECUTIVE BOARD MEETING

A meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held on Monday, October 9, 1944, in the Executive Offices of the Society in Trenton. Mrs. David B. Allman of Atlantic City, President of the Auxiliary, presided. Sixty members and guests were present.

Following a business session in the morning those present were guests of the Auxiliary at a buffet luncheon.

In the afternoon Dr. William E. Dodd of Beach Haven, Chairman of the State Society Advisory Committee to the Auxiliary, spoke on the need for united effort of medical men and their wives to shape the future of the profession.

Dr. Frederic J. Quigley of Union City, Executive Secretary of the Committee on Legislation of The Medical Society of New Jersey, spoke on federal and state legislation having public health or medical implications.

Mrs. A. Haines Lippincott of Camden, State Commander of the Field Army of the American Society for the Control of Cancer, urged the organization of the various counties in the Field Army.

HYGEIA

Mrs. Frederick G. Wandall, Chairman

At a meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey on October 9, 1944, the importance of *Hygeia* as a state project was again emphasized. In order to promote preventive medicine among lay people, there must be proper health guidance. *Hygeia* has been fostered by our Parent Association, the Woman's Auxiliary to the American Medical Association, for a good many years. Since New Jersey has been delinquent in this field, and only began last year really to take *Hygeia* distribution seriously, we have to work harder toward even normal accomplishments. There is a much firmer foundation this year from which to work, due to the concentrated efforts of the State President and the Circulation Manager of *Hygeia,* combined with the cooperation of the state and county chairmen.

With the exception of Hudson, Monmouth and Passaic Counties, all other counties are really trying to place *Hygeia* before the public. We hope the three named counties will soon join the crusade for placing good health material before the lay groups and make New Jersey one hundred per cent for *Hygeia.*

FUTURE AUXILIARY EVENTS

Burlington County—A Christmas party will be held at the home of Mrs. William Bray of Pemberton on December 4, 1944, at 8:00 p. m.

Essex County—On Tuesday, November 28, 1944, the Woman's Auxiliary will have the Contemporary Club of Newark as its guests at the Academy of Medicine in Newark. The subject will be "Attitude of the Lay Public Toward the Returning Veteran". This custom has proved so popular that it has been repeated by request four times in as many years. This year two reciprocal meetings have been planned, the second meeting to be held in March at the Contemporary Auditorium.

Gloucester County — A business meeting will be held at the home of Mrs. Henry B. Diverty, President, 38 Cooper Street, Woodbury, on November 16, 1944, at 9:00 p. m.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel L. Salasin, Chairman of Press and Publicity

The *Woman's Auxiliary to the Atlantic County Medical Society* honored Mrs. David B. Allman at a luncheon meeting held Friday afternoon, October 13, 1944, at the Madison Hotel. Mrs. Allman, a former President of the County Auxiliary, is now President of the State Auxiliary and a member of the Auxiliary to the American Medical Association. Mrs. Robert A. Bradley was chairman of the luncheon. Tables, arranged in the form of a V, were attractively decorated in colorful seasonal flowers and fall leaves.

Mrs. Allman presented her program for the State Auxiliary for the coming year, including some very interesting and important projects.

Mrs. Daniel C. Reyner, President of the County Auxiliary, conducted the business session and introduced the speakers.

The next meeting of the Auxiliary will take place on Friday, November 10, 1944, at 2:00 p. m. at the Dolly Madison Room, Madison Hotel. Mrs. Earl V. Johnson is chairman of the luncheon arrangements.

Burlington County

Mrs. M. W. Newcomb, Chairman of Publicity

The *Woman's Auxiliary to the Burlington County Medical Society* held its first fall meeting on Monday afternoon, October 2, 1944, at the home of Mrs. G. E. McDonnel, Mount Holly, with Mrs. A. Q. Atkinson, President, presiding. Mrs. David B. Allman of Atlantic City, President of the State Auxiliary, and Mrs. William E. Dodd, President-Elect, were guests.

Mrs. Godfrey Spaeth, Past President of the Camden New Era Club, gave a costume lecture on Mexico, its customs, peoples and arts, augmenting her talk with an interesting collection of the arts, crafts and customs of that country.

The wives of the physicians stationed at Fort Dix were guests of the Auxiliary.

Camden County

Mrs. Lawrence L. Glover, Chairman of Publicity

On September 12, 1944, the Executive Board of the *Woman's Auxiliary to the Camden County Medical Society* was entertained by the President, Mrs. Thomas P. McConaghy, at a delightful tea in her apartment in Camden. Seventeen members were present. The afternoon was spent in a good all-round discussion of the plans for the coming year and the chairmen carried away with them many constructive ideas which they will soon incorporate in definite working patterns that promise to make the year a great success.

The first meeting of the Woman's Auxiliary to the Camden County Medical Society was held on October 3, 1944, at the home of our Treasurer, Mrs. Henry B. Decker, in Colwick. Mrs. Thomas P. McConaghy presided. The program, arranged by Mrs. Reuben Sharp, was indeed a sumptuous one. Mrs. William Cadbury, who was Professor of English in the University of Canton, and the wife of a Professor and Staff Physician, spoke on her life in Canton prior to the coming of the Japanese army, the taking of the city, their internment and finally their evacuation on a Japanese steamer and transfer to the Gripsholm. She brought pictures and told us she and her husband are anxiously waiting for the time when they will be allowed to go back and take up their work again in China.

Following this very interesting talk, a sound film was presented in the interest of the War Fund and Community Chest Drive, which is imminent. Mrs. A. Haines Lippincott and Rev. E. Lansing Bennett, both members of the committee, spoke to us of the increasing importance of this fund to a needy world at war.

A short business meeting followed the speakers.

Tea was served to the members and their guests. Mrs. George B. German and Mrs. A. Gomersall Pratt poured.

Essex County

Mrs. Lodovico Mancusi-Ungaro, President

The *Woman's Auxiliary to the Essex County Medical Society* held the first of four symposiums on Thursday, October 12, 1944, at the Academy of Medicine in Newark. Three hundred invitations to social, civic, welfare and religious groups were sent. After a short address by the President of the Auxiliary, Mrs. Lodovico Mancusi-Ungaro, welcoming the audience to this impartial study of a vital civic problem, the meeting was turned over to Mrs. Asher Yaguda, Co-chairman of Public Relations with Mrs. S. Bernard Kaplan. Mrs. Yaguda, Junior Past-President of the Woman's Auxiliary to The Medical Society of New Jersey, introduced Dr. J. Wallace Hurff, Junior Past-President of the Essex County Medical Society, who presided at the symposium and introduced the three physician speakers of the afternoon, two of them hospital administrators. All three agreed that intensive medical care should be given those who are chronically ill in Essex County, but differed on the best practical method of accomplishing it.

The three were Dr. E. M. Bluestone, Director of Montefiore Hospital, New York; Dr. Louis Schneider, President of Essex County Medical Society, and Dr. Ellis L. Smith, Medical Director of Essex County Isolation Hospital.

Dr. Schneider, who has proposed use of the County Isolation Hospital at Belleville for chronics and neurological cases, said he had cited that institution because he knew there were empty beds there. He added he did not care where the cases were taken as long as they could obtain hospitalization.

Dr. Smith agreed with the contention of Dr. Bluestone that chronic cases should be treated in a general hospital as part of an integrated program for care of both acute and long-term illnesses.

Dr. Bluestone discussed in detail his proposals for a one-hospital type of care. He said he could not make any recommendations as to what should be done here because he had not had an opportunity to study the problem.

During the question period at the Auxiliary's symposium Dr. Bluestone said:

"I can see Dr. Schneider's viewpoint. He has seen hundreds of cases of patients neglected and left somewhere to rot. He says: 'Let's put them in an establishment where there are vacant beds.' And I can see Dr. Smith's viewpoint.

"But I must warn you of the danger. If you put them in that establishment, you will postpone the ideal program for a great many years and I doubt it will come in this generation. If any one is going to spend a large sum on care of these cases, get them to divide the money up among the general hospitals to build wards for the care of these chronics."

Dr. J. Wallace Hurff, Junior Past-President of the Medical Society, who presided at the Auxiliary symposium, told the group that the physicians were being held responsible for many defects in medical care. He said the doctors should become more aggressive to alleviate the defects if they were to oppose socialized medicine successfully. He urged, however, that a thorough study of the care of chronics be made before any program was undertaken.

Dr. Hurff added that, while the solution might

at first seem simple, it would soon be found to be very complicated. He added:

"The question of costs, the effect upon medical practice, the demands of the public, these are all vital questions."

City Commissioner Brady, who is supporting Dr. Schneider's plan, told the Medical Society there was "no one better fitted to decide the needs of the sick than the doctors. If they can't give advice to officials then our society is failing."

Gloucester County

Mrs. C. A. Bowersox, Chairman of Press and Publicity

The *Woman's Auxiliary to the Gloucester County Medical Society* held its first meeting of the year on September 21, 1944, at 9:00 p.m., at the home of the President, Mrs. Henry B. Diverty, Cooper Street, Woodbury.

On October 9, 1944, the Gloucester County Auxiliary was represented by four members at the Executive Board meeting held in Trenton. They were Mrs. H. B. Diverty, President; Mrs. P. M. Pegau, Chairman of Membership; Mrs. C. I. Ulmer, State Finance Chairman; and Mrs. Frederick Wandall, State Chairman of Hygeia.

Mercer County

Mrs. C. Chester Chianese, Chairman of Publicity

The first fall meeting of the *Woman's Auxiliary to the Mercer County Medical Society* was held on Monday, October 9, 1944, with thirteen members in attendance. Mrs. C. Chester Chianese presided in the absence of our President, Mrs. H. Donald Cowlbeck, who was ill.

It was decided that the Auxiliary hold regular meetings on the first Friday of each month at the various hospitals. Mrs. Robert J. Cottone was appointed Chairman of Arrangements for the November meeting at St. Francis Hospital. Following the business session, surgical dressings will be folded. The members voted to send a vase of flowers to our President as a bit of cheer during her stay at the hospital.

On September 28, 1944, at the graduation of the McKinley Hospital School of Nursing, the Auxiliary presented Miss Claire Lovett, winner of the 1941 Mercer County Medical Auxiliary award, with a small gift, as a token of their interest and sincerity.

Middlesex County

Mrs. N. Rosenberg, Chairman of Publicity

The *Woman's Auxiliary to the Middlesex County Medical Society* opened its season with a luncheon at Woodlawn, the N. J. C. Alumnae House, on Wednesday, October 18, 1944, at 1:00 p.m.

Mrs. Norman Forney, Jr., of Milltown, Chairman of Arrangements, was assisted by Mrs. Ralph Faulkingham, in charge of table decorations; Mrs. William Condon and Mrs. Florentine Hoffman, invitations; Mrs. William Stein, finance; and Mrs. Norman Rosenberg, publicity.

Mrs. David Allman, State President of the Woman's Auxiliary, was the guest of honor. The speaker of the afternoon was Mrs. Donald Dorian, who reviewed several current books.

Monmouth County

Mrs. Maxwell Colby, Chairman of Publicity

The October meeting of the *Woman's Auxiliary to the Monmouth County Medical Society* was held October 10, 1944, at 3:00 p.m., at the home of Mrs. Otto Holters in Neptune. Mrs. Joseph Bossone, President, presided.

The need for volunteer workers in the nearby hospitals was stressed by the President, who explained the various types of work in which Auxiliary members might aid. A number of those present pledged their services and it is hoped that more will be able to do so in the near future.

A social hour followed the meeting.

BOOKS RECEIVED FOR REVIEW

Operations of General Surgery. By Thomas G. Orr, M.D. Pp. 723 with 1396 step-by-step illustrations on 570 figures. Philadelphia, W. B. Saunders. 1944. $10.00.

Manual of Military Neuropsychiatry. Ed. by Harry C. Solomon, M.D., and Paul I. Yakovlev, M.D., with the collaboration of Wilfred Bloomberg, Lt. Col. M.C., Aus.; Francis J. Braceland, Comdr. (M.C.), U.S.N.R.; Stanley Cobb, M.D.; Malcolm J. Farrell, Lt. Col., M.C., Aus.; Roy D. Halloran, Col. M.C., Aus. (deceased); William F. Kennedy, Capt. (M.C.), U.S.N.R.; William Malamud, M.D.; H. Houston Merritt, M.D.; John H. Murray, Lt. Col., M.C. Aus.; William C. Porter, Col., M.C. Aus.; Francis H. Sleeper, M.D. Pp. 764, illustrated. Philadelphia, W. B. Saunders Company. 1944. $6.00.

A Textbook of Pathology; Pathologic Anatomy in Its Relation to the Causes, Pathogenesis and Clinical Manifestations of Disease. By Robert Allan Moore, Edward Mallinckrodt Professor of Pathology, Washington University School of Medicine, St. Louis. Pp. 1338 with 513 illustrations, 34 in colors. Philadelphia, W. B. Saunders Company. 1944. $10.00.

Principles and Practice of Surgery. By W. Wayne Babcock, M.D., with the collaboration of members of the Faculty of Temple University. Pp. 1331 with 1141 engravings and 8 color plates. Philadelphia, Lea & Febiger. 1944. $12.00.

Diagnosis and Treatment of Acute Medical Disorders. By Francis D. Murphy, M.D., F.A.C.P. Pp. 503. Philadelphia, F. A. Davis Company. 1944.

Surgery of the Hand. By Sterling Bunnell, M.D. Pp. 734 with 597 illustrations. Philadelphia, J. B. Lippincott Company. 1944. $12.00.

BOOK REVIEWS

Allergy. By Erich Urbach, M.D., and Philip M. Gottlieb, M.D. Pp. 1073. New York, Grune & Stratton. 1943. $12.00.

The entire field of allergy in most of its aspects is reviewed in this compendious volume. It is informative and complete and may be used to obtain a basic understanding of the problems of allergy. The sections on treatment are adequate. Late developments in the treatment of baffling allergic conditions of the respiratory tract are presented, although the very recent use of nicotinic acid has not been fully incorporated.

The book is divided into two sections; the first, dealing with allergy in general, and the second, with allergic diseases as manifested in the various systems of the body. This makes it an admirable reference book for the physician who wishes to review allergic disease as related to a specialty.

The author introduces numerous new terms to express specific concepts in allergy. It seems, however, that once the allergic and immunologic processes are better understood the confusion resulting from these fine distinctions in definition will disappear. Many tables, routines and methods of procedure are given which will be helpful to the doctor who wishes to devote more time to allergic investigation and treatment.

The book is a splendid addition to the subject of allergy. LOUISE FISCHER, M.D.

Medical Diagnosis: Applied Physical Diagnosis. Ed. by Roscoe L. Pullen, A.B., M.D., with a foreword by John H. Musser, B.S., M.D., F.A.C.P. Pp. 1106 with 584 illustrations and 12 colored plates. Philadelphia, W. B. Saunders Company. 1944. $10.00.

The author has set out to show a method of diagnosis and every possible physical aid is used. The body is taken up system by system; first, the physical diagnosis and an interpretation of the findings is given and then all the known aids to establish that diagnosis follow. Thus is shown a complete examination of the sick individual. Included are chapters on military problems, problems of sterility, pediatrics and psychiatry. The last chapter is devoted to that most difficult subject "prognosis".

The book is an excellent one for a medical student and the general practitioner. It is a book that would fit well in any type of medical library.

F. PARKER WILLEY, M.D.

Principles and Practice of Inhalation Therapy. By Alvan L. Barach, M.D. Pp. 315, illustrated. Philadelphia, J. B. Lippincott Company. 1944. $4.00.

This panoramic review of one of the newer forms of therapy is as timely as it is novel. The discussion is carried from the beginning of inhalational therapy to its modern development, including oxygen, helium, carbon dioxide, intratracheal nebulization and the various forms of pressure chambers. An interesting feature of the book is the division of each chapter into definition, etiology, pathology, physiology, symptoms and inhalational therapy, wherever such headings are applicable. At first this strikes the reader as elementary, but as one proceeds with his reading, its advantage is soon appreciated. It becomes apparent that there is much to be learned in this branch of therapy and there is no attempt on the part of the author to establish the final say in any phase of the subject. No doubt the end of the war will be the impetus to a complete revision of this edition. The principles of the therapy are well established; it only remains for the profession to become more conversant with the many indications for, and the means of application of, this modality. CHARLES HYMAN, M.D.

Hydronephrosis and Pyelitis (Pyelonephritis) of Pregnancy; Etiology and Pathogenesis. An historical review. By H. E. Robertson, M.D. Pp. 332, illus. Philadelphia, W. B. Saunders Co. 1944. $4.50.

Obviously this short book of 257 pages is the product of a tremendous amount of historical research. The author is a pathologist associated with the Mayo Clinic. His viewpoint is naturally less clinical than pathological for that reason. His arrangement of material, however, is a pleasure to follow, and, as he states in the preface, "The historical method of approach to the consideration of any subject provides proper *orientation*—perhaps one should say, it *is* orientation."

He has carefully and thoroughly reviewed all the known work that has been done and written about dilatation and infection of the ureters in pregnancy. He has done the digging and sifting; the final refining process he has left to the reader. The student of the subject is thus able to follow the fairly clear path of approved facts to prophylaxis, diagnosis and therapy.

His discussion and conclusion very logically follow the preceding argument. It is interesting to read that he finds that almost all of the later statistical summaries give an incidence of hydronephrosis of pregnancy of around 100 per cent, and of pyelitis of pregnancy from about one to six or seven per cent among all pregnant women. He also brings out how other factors besides pressure, chiefly atony, cause hydronephrosis and this is shown by lack of tone in the biliary and intestinal tracts.

It is well to remember that in some instances the distention of the ureters and renal pelvis may be accompanied by spasms giving colic-like pain, or a dull feeling of distress, or swelling in the loin. This may be confused with appendicitis. Probably also some of the nausea and vomiting in early and late pregnancy may arise from this cause.

This is an excellent book to read for diversion and as a background for the routine daily tasks of practice. It is stimulating and conducive to reflection. For these purposes it is well worth the time it takes to read. ALFRED MEURLIN, M.D.

Global Epidemiology; A Geography of Disease and Sanitation. By James Stevens Simmons, B.S., M.D., Ph.D., Dr. P.H., Sc.D. (Hon.); Tom F. Whayne, A.B., M.D.; Gaylord West Anderson, A.B., M.D., Dr. P.H.; Harold MacLachlan Horack, B.S., M.D., and collaborators. Volume I, Part One: India and the Far East; Part Two: The Pacific Area. Pp. 504, illus. Philadelphia, J. B. Lippincott Company. 1944. $7.00.

This volume on *Global Epidemiology* is apparently the first part of two volumes. Part One covers the sanitary and medical aspects of India and the Far East. Volume II is intended to cover the Pacific Area and is not included in this review. The authors are officers of the Medical Intelligence Division of the Preventive Medicine Service of the Office of the Surgeon General of the U. S. Army.

It is a comprehensive volume covering the geography of disease and the sanitary methods existing in the areas covered. There can be no question of its value for our armed forces which are now fighting in many of the countries in the Far East. Diseases peculiar to the localities are studied as well as the sanitary background available for control.

Facts on the geography and climate of each country have been collected and information of great value to health administration and epidemiology correlated. The book is an encyclopedia of reference upon diseases prevalent in the countries of the East as well as the available hospital accommodation and the medical personnel existing in each country.

Medical officers and epidemiologists who accompany our armed forces will welcome the aid of the information obtained here in their general program of cutting down to the lowest level the disabilities and mortality due to local endemic disease.

Charles V. Craster, M.D., Dr. P.H.

Urinary Tract: A Handbook of Roentgen Diagnosis. By H. Dabney Kerr, M.D., and Carl L. Gillies, M.D. Pp. 320, illustrated. Chicago, Year Book Publishers, Inc. 1944. $5.50.

The authors state in the preface that they felt there was a need for a low-priced handbook in which the roentgen appearance of the more common and some of the uncommon lesions were available for student, practitioner, urologist and radiologist. They feel that in determining the status of the urinary tract it is necessary to correlate clinical and laboratory findings with the x-ray findings before making a final diagnosis. They admit, however, that a too lengthy discussion of clinical and laboratory data would defeat the purpose of a book of this type and have, therefore, stressed the radiographic findings.

The arrangement of the book lends itself to ready reference; the first portion consisting of a short introduction in which they give their routine preparation. They do not recommend any routine preparation before the roentgen examination. Many radiologists will disagree with this. The book is then divided into several large sections; the first being that of the kidney, the second the ureter, the third the bladder and the fourth the urethra. The descriptions of the roentgenograms are short, concise but adequate. The illustrations are from unretouched roentgenograms and are commendable. The use of small arrows points out the significant roentgen findings. Each of the four sections is subdivided so that by reference to the table of contents one can find quickly the different conditions which are described and illustrated. Typical case histories are used to illustrate abnormal conditions and only original material is included. Particularly interesting is the differential diagnosis between gall stones and renal calculi.

A bibliography is listed at the end of the book under the different sections. The book is well indexed and will be a desirable addition to the library of anyone doing work with the roentgen examination of the genito-urinary tract.

W. James Marquis, M.D.

Cataract and Anomalies of the Lens: Growth, Structure, Composition, Metabolism, Disorders and Treatment of the Crystalline Lens. By John G. Bellows, M.D., Ph.D. Pp. 624 with 208 text illustrations and four color plates. St. Louis, C. V. Mosby Company. 1944. $12.00.

One feels that "monumental" must be used in describing this work on the lens, for it is truly monumental in scope if not in size. There is a convenient division into two approximately equal parts, one of which consists of chapters on non-clinical phases of the subject, the first being a brief review of the knowledge of the lens during the past three thousand years. This is followed by chapters on its development, structure, chemical composition and metabolism.

In the second half of the book are chapters of more interest to the average clinician—developmental defects, and cataracts from all causes. Included are those resulting from radiant energy, electricity, deficiencies, toxins, trauma, intraocular disease and general disease, and, of course, senile cataract.

Each chapter is followed by a long bibliography and Dr. Gifford's suggestion in the foreword that the author has read practically everything written on the subject, does not seem exaggeration.

The illustrations are plentiful and of excellent quality. A. Russell Sherman, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **November, 1944** **No. 11**

A NEW disease of the respiratory tract has captured a place upon the medical scene during the past decade. Primary atypical pneumonia—to give it the name which seems most commonly used—has probably existed for years masquerading as atypical influenza or grippe. With the increasing use of X-ray films in diagnosis the prevalence of the disease has begun to emerge and its importance to be recognized. The danger would now appear to be that it is as yet incompletely differentiated from pulmonary tuberculosis and that, unless progress film studies are carried out, some cases of tuberculosis will be treated for pneumonia and some cases of pneumonia given tuberculosis therapy.

ATYPICAL PNEUMONIA SIMULATING PULMONARY TUBERCULOSIS

For many years it has been the teaching of the medical profession to regard a patient subacutely ill with infiltrations of the upper lung fields in X-ray films as probably tuberculous unless proved otherwise. Recently it has become apparent that atypical pneumonia can produce lesions which at times are indistinguishable from pulmonary tuberculosis. This has been reported on several occasions. With the apparent increase in the incidence of atypical pneumonia, especially since the profession is becoming more conscious of it, it is evident that criteria for a differential diagnosis of these two conditions should be formulated.

Clinical Observations

The symptoms and clinical signs of atypical pneumonia have been adequately described in the current literature. The usual gradual onset of the disease, associated with malaise, generalized aches and pains, dry, nonproductive cough and fever may be simulated by any case of acute pneumonic tuberculosis. A differential diagnosis cannot be made solely on the basis of the history and physical examination. Where serial roentgenograms are not feasible, the persistence of cough and expectoration, plus the finding of rales for a period greater than twenty-one days from the onset of the disease, should lead one to suspect tuberculosis, even though the patient appears to be much improved.

Roentgenological Aspects

In our seven cases of upper lobe atypical pneumonia two types of shadows were found on the films. The most common was an increase in the bronchial markings manifested by linear streaking densities with super-imposed mottled shadows. This was most marked at the hilum and, with an extension of the disease, would spread toward the periphery of the lung fields. The other type of finding was an area of increased tissue density in the parenchyma of the lung relatively uniform throughout and resembling the shadow seen in early pleural effusion. X-ray evidence of atelectasis was found in our cases only when the entire right upper lobe was involved. Complete involvement of an upper lobe will usually reveal some associated evidence of atelectasis, whereas in complete consolidation of a lobe due to pneumonic tuberculosis this is usually not the case. Because there was such a wide divergence of roentgenological findings in our cases of atypical pneumonia it was felt that we could not make a definite differential diagnosis from a single film. In serial X-ray studies it was observed that cases of atypical pneumonia could be expected to show complete clearing of the chest involvement in from four to twenty days. If the serial roentgenograms still reveal a density twenty days after the onset of the illness, pulmonary tuberculosis must be seriously considered even if other evidence favors an X-ray diagnosis of atypical pneumonia.

Case Reports

Case 1.—A white soldier admitted to hospital with a one-day history of generalized aches and pains, headache, malaise, fever and chilly sensa-

tions. The physical findings were normal except for a moderate injection of the pharynx; the temperature was 100° F., pulse rate 82, respirations 20 per minute. The white blood cell count was 9,200, with 72 per cent polymorphonuclears. The working diagnosis was influenza. The patient continued to run a fever reaching 103.8 F. two days later. Within four days he had developed a nonproductive cough. Physical examination at this time revealed suppressed breath sounds with an occasional fine moist rale in the right upper lobe. A chest X-ray showed complete consolidation of the right upper lobe. This had almost completely cleared within a week's time though the fever persisted somewhat longer. Recovery was uneventful and the patient was discharged to duty on the twentieth hospital day.

This case illustrates the difficulty of making a definite diagnosis roentgenologically. Bacteriologic examinations were negative and the rapid clearing of the lesion ruled out tuberculosis.

Case 2.—A white soldier was admitted to the hospital with a two-day history similar to that above. Admission temperature 101° F., pulse rate 100, respirations 20 per minute. The white blood cell count was 6,800 with 64 per cent polymorphonuclears. The working diagnosis was influenza. A chest film made four days following the onset of the illness showed marked increase in the hilar shadow with marked mottled densities throughout the right upper lobe. In one area there was a shadow with a central highlight suggestive of cavitation. The film made fifteen days following onset showed complete clearing of parenchymal lesions.

Because of the suspicious X-ray suggesting cavitation, sputum and gastric studies were made. All were found to be negative for tubercle bacilli. The patient made an uneventful recovery and was discharged on the twenty-second hospital day.

Case 3.—A white soldier was admitted to the hospital with a history and physical findings similar to cases 1 and 2. The working diagnosis was atypical pneumonia of the right upper lobe. This was confirmed by roentgenogram. The patient had a low-grade fever for eight days following admission. A roentgenogram taken on the eleventh hospital day showed some clearing of the pneumonic process. The persistence of physical signs in the chest and the slow clearing of the chest lesion despite clinical improvement of the patient are not usual in atypical pneumonia so sputum examinations were begun. Tubercle bacilli were found. This was confirmed in later examinations of the sputum.

Summary

1. Atypical pneumonia may simulate pulmonary tuberculosis both clinically and roentgenographically, and the reverse is equally true.
2. Approximately 7 to 10 per cent of atypical pneumonias have upper lobe involvement, which is the usual site for pulmonary tuberculosis.
3. Serial roentgenograms showing apical lesions failing to clear in twenty days, following the onset of the disease, should raise the suspicion of pulmonary tuberculosis.
4. Sputum studies for tubercle bacilli are indicated in all doubtful cases.
5. If lesions persist for twenty days from the onset of the illness, and routine sputum studies are negative, further studies should be done, that is, sputum and gastric concentrates, and guinea pig inoculation.
6. Because of the apparent increase in the incidence of atypical pneumonia, the need for an early differential diagnosis is imperative.

Atypical Pneumonia Simulating Pulmonary Tuberculosis, J. S. Yoskalka, American Review of Tuberculosis, May, 1944.

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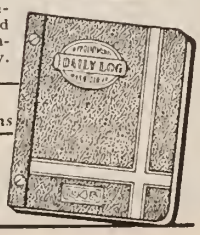


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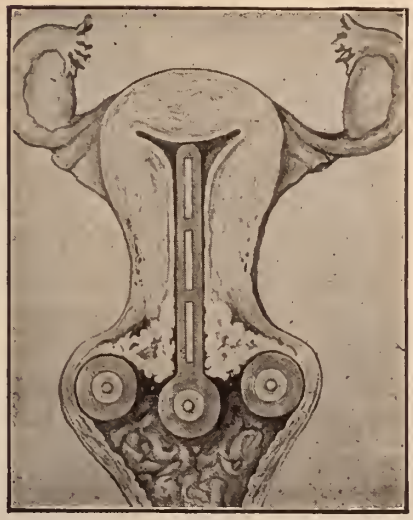
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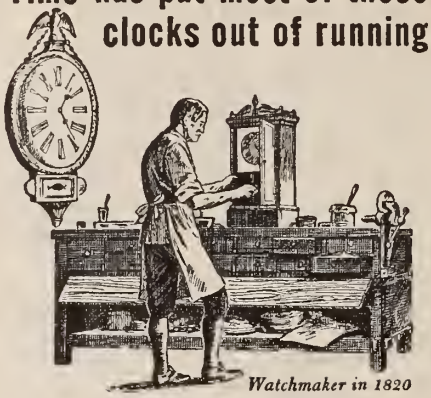
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1. Fauley, G. B., Freeman, S., Ivy, A. C., Atkinson, A. J. and Wigodsky, H. S.: Aluminum Phosphate in the Therapy of Peptic Ulcer, Arch. Int. Med., 67:563-578 (Mar.) 1941.
2. Cornell, A., Hollander, F. and Winkelstein, A.: The Efficacy of the Drip Method in the Reduction of Gastric Acidity. Am. J. Digest. Dis., 9:332-338 (Oct.) 1942.
3. Winkelstein, A., Cornell, A. and Hollander, F.: Intragastric Drip Therapy for Peptic Ulcer; Summary of 10 Years' Experience, J.A.M.A., 120:743-745 (Nov. 7) 1942.
4. Upham, R., and Chaikin, N. W.: A Clinical Investigation of Aluminum Phosphate Gel, Rev. of Gastroenterol., 10:287-297 (Nov.-Dec.) 1943.
5. Lichstein, J., Simkins, S. and Bernstein, M.: Aluminum Phosphate Gel in the Treatment of Peptic Ulcer. Am. J. Digest. Dis. In Press.



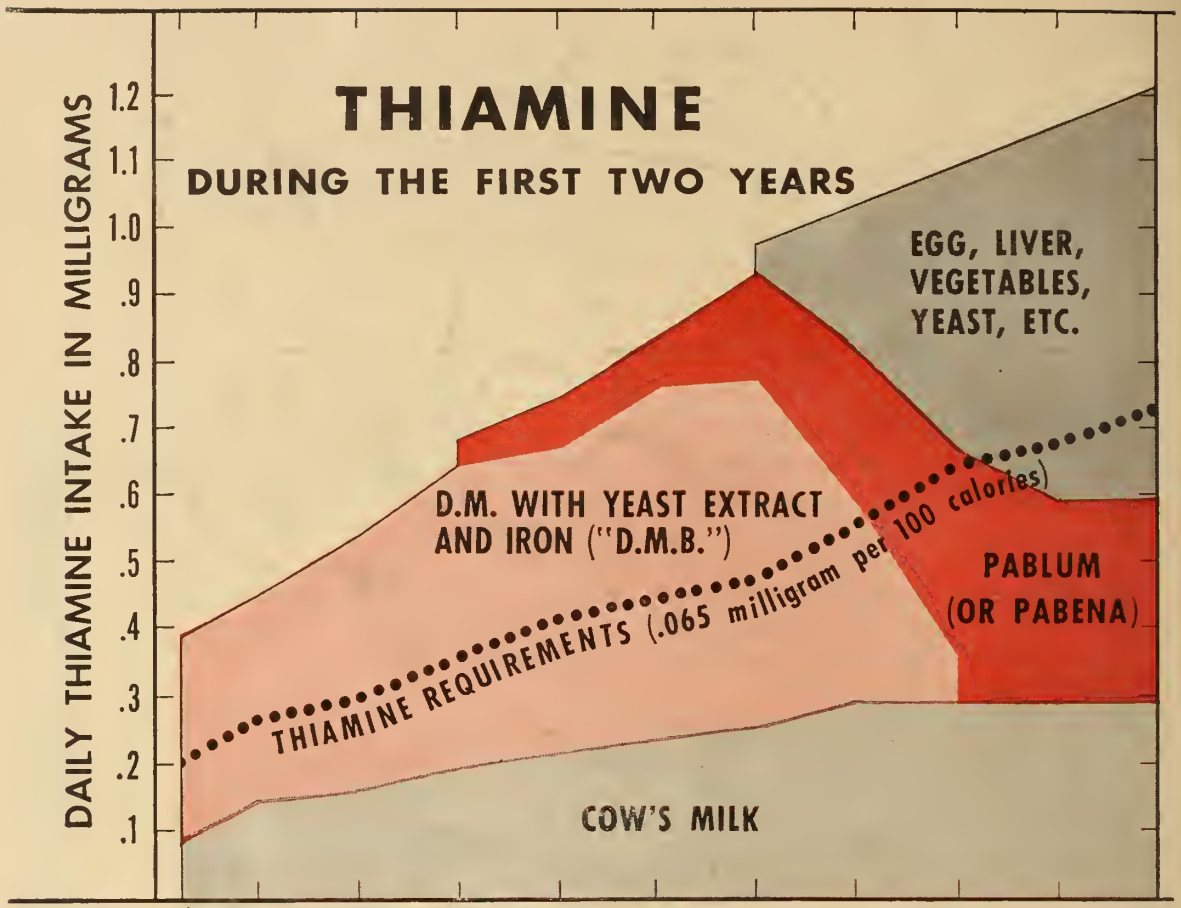
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Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 41, NO. 12 DECEMBER, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

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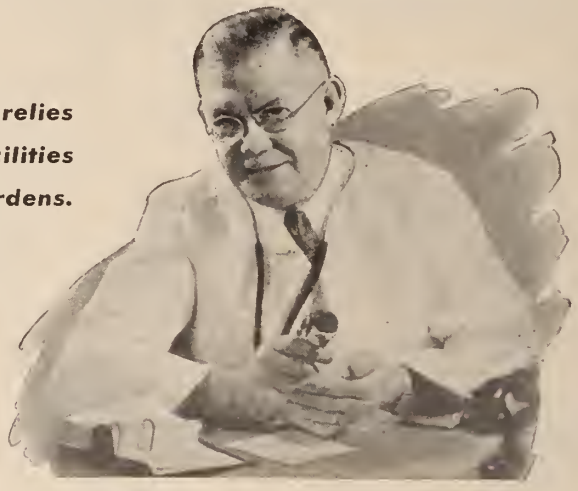
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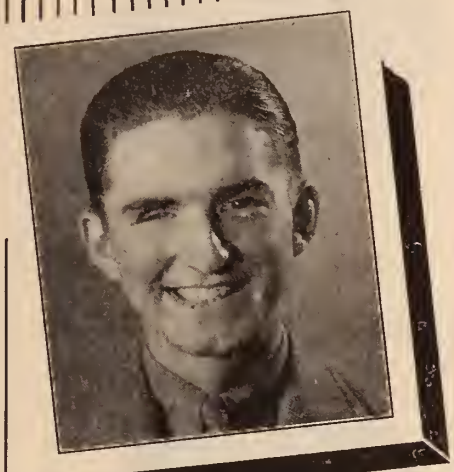
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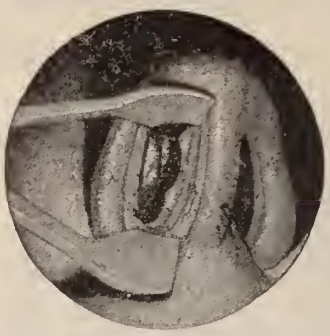
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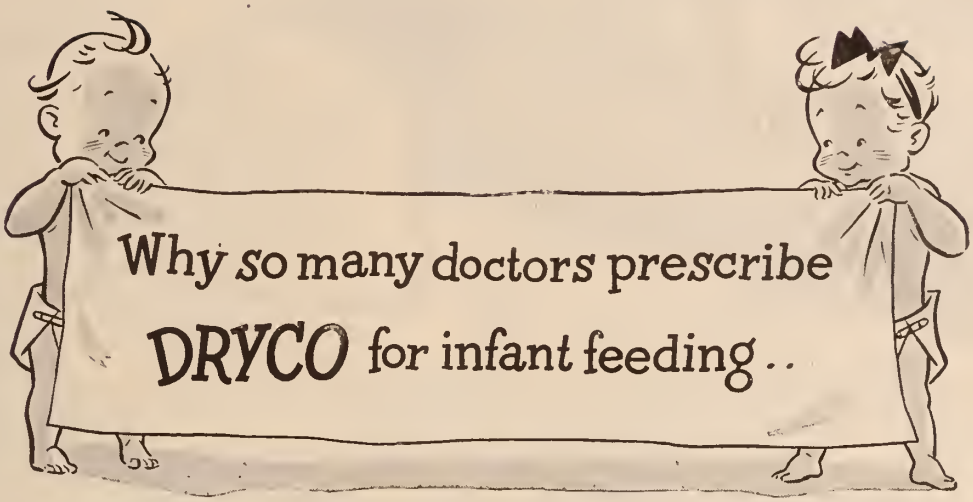
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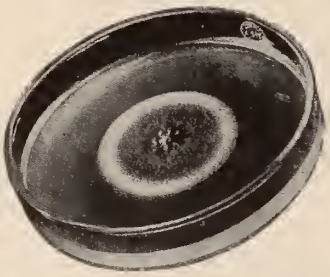
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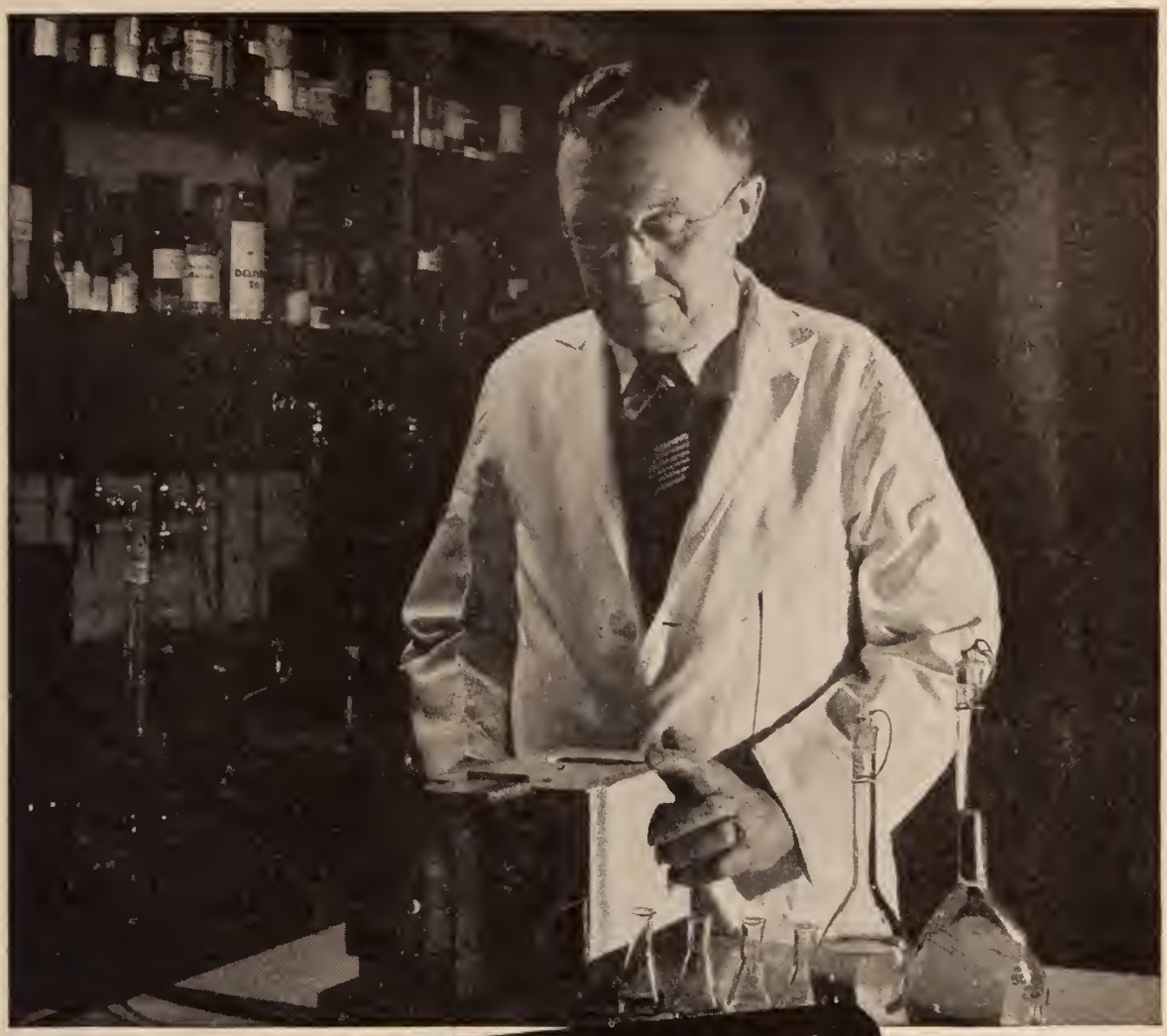
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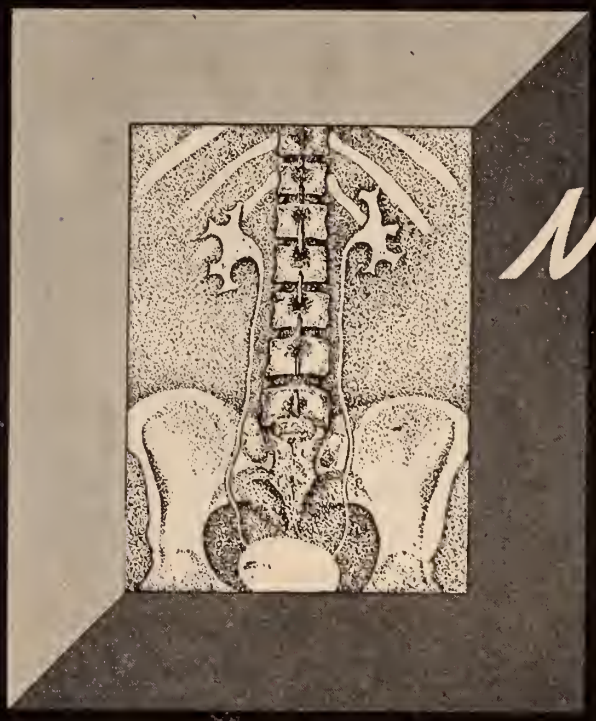
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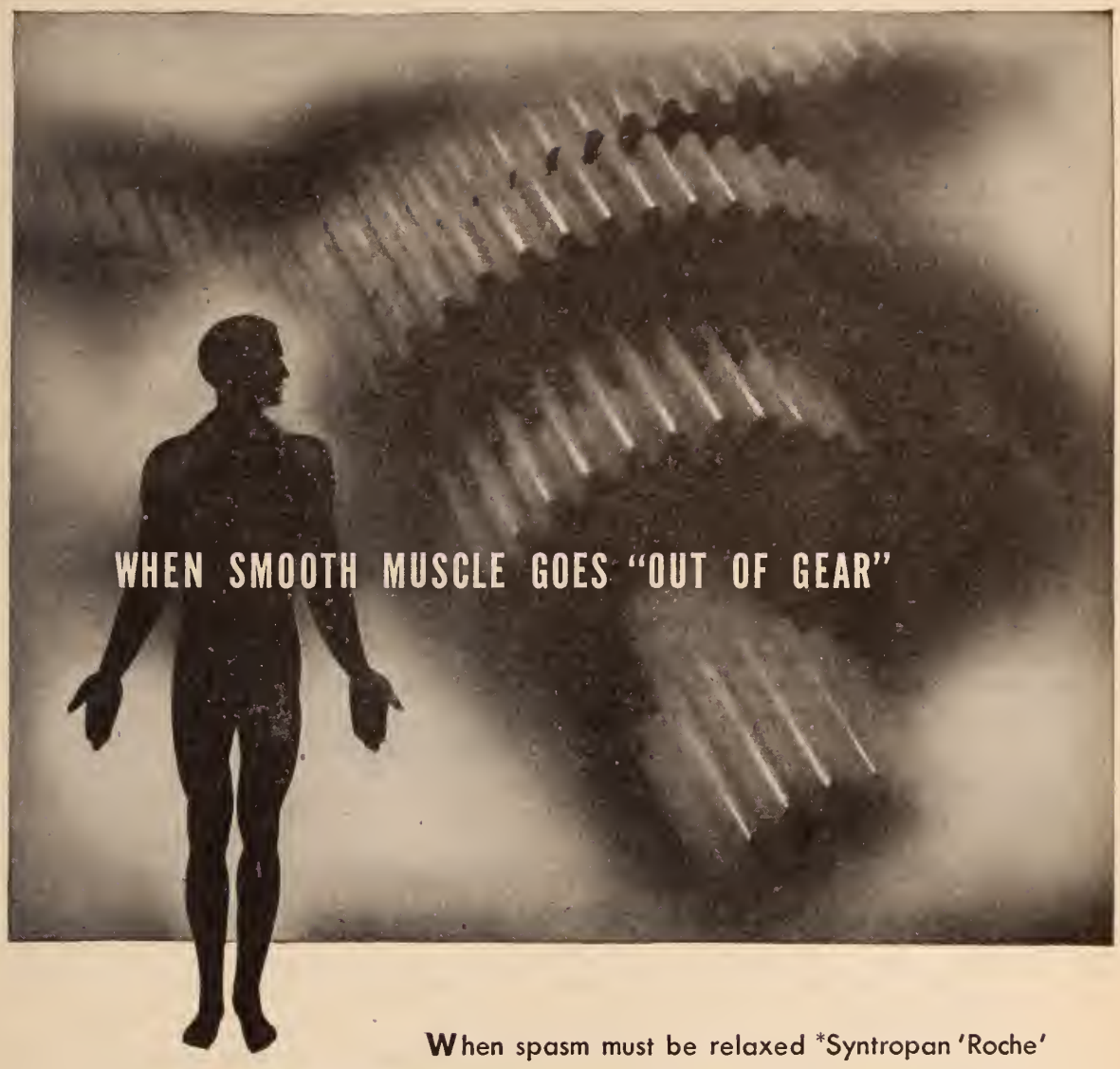
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2. Depression following surgical operations.

3. Depression following pregnancy and childbirth.

4. Depression accompanying the onset and course of the menopause in women and the involution period in men.

5. Depression associated with menstrual dysfunction.

6. Reactive depression precipitated by an external problem situation which the patient can neither resolve, tolerate, nor ignore.

*Guttmann, E. and Sargant, W.—B. M. J., 1:1013, 1937

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THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 484

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange. N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 41, No. 12 December, 1944 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

EDITORIALS

MESSAGE FROM THE PRESIDENT

The National Physicians Committee

The National Physicians Committee, on November 27th, met in New York with a representative group of industrial executives to discuss and evaluate group insurance programs including coverage for medical and surgical care.

This Committee was organized in 1939 by a group of highly reputable physicians. Its objective is to explore the field of medical care distribution for the purpose of determining what steps may best be taken to improve the distribution of medical care in the best interest of American Medicine and the health of the American people. The Committee emphasizes that the necessity for its organization was the constitutional limitations of the American Medical Association. They stress that it has no official connection with the American Medical Association, but that its objectives have the endorsement of the American Medical Association and its policies are guided by the principles of practice set forth by the House of Delegates.

Surveys conducted for this Committee clearly indicate that a pre-payment insurance program will be necessary in our future methods of medical practice. The question now is whether this program will be compulsory or voluntary; and if voluntary, whether it will be operated by lay insurance companies, by plans evolved by the medical profession, or whether lay plans and medical profession plans will both be necessary in meeting the specific needs of certain areas and industries.

The work of this Committee involves the most serious problem ever faced by the profession. If its influence can gain for the profession the support of industry and clarify in the lay mind the qualities and relationships necessary to good medical care it will have made a contribution of inestimable value to the profession and to the people of this country.

Joseph F. Londrigan, M.D.,
President.

CHRISTMAS 1944

Christmas will have little meaning to the hundreds of our colleagues who serve their country and perhaps to many more who strive to carry on at home. There will be little time for the usual gay exchange of greetings and the happy Yuletide spirit will be lacking. But it is up to us at home to preserve the spirit of Christmas for those who are away. Unity within our profession is greater now than it has ever been before. We are united in our efforts to maintain the high standards of public health and medical practice for our service physicians to return to. As individuals and groups let us prove our unity to the families of our service physicians by an extra effort to make this a happier holiday for them.

JOSEPH F. LONDRIGAN, M.D.,
President.

NATIONAL PHYSICAL FITNESS

In 1943 the President of the United States created the National Committee on Physical Fitness as a part of the Federal Security Agency. It was created because of the poor physical fitness of the nation as reflected by Selective Service statistics.

Many of these defects among Selectees were neither preventable nor correctable by any form of medical care; for instance, the half million rejections due to educational and mental deficiencies as distinct from mental disease.

On the other hand it is true that many of these defects would have been preventable or correctable had adequate preventive or curative medical measures been instituted at the proper time. It is also true that the prevalence of such defects did prevent the mobilization of sufficient physically fit single men to meet the military needs of the nation and did necessitate the induction of married men and men within certain categorical groups, such as pre-medical students, who might otherwise have been deferred. It may be safely assumed that a similar incidence of such defects also exists among our older citizens which interferes with the mobilization of civilian manpower during war and the health of older citizens during peace.

A physical fitness program is being organized on a national, state and local level. It has the approval and support of each State Governor. The American Medical Association has pledged its cooperation and has appointed a committee of five physicians to coöperate in an advisory capacity with the National Physical Fitness Council.

The position of the profession in this program should not be limited to an advisory capacity, but should be one of authority and direction in developing and maintaining the program. It must be a sustained program in which Medicine assumes a continued leadership through its State and County Societies. It must not be allowed to develop into a political football.

It offers a major challenge, not only to Medicine but to many auxiliary groups. Many factors other than medical care contribute to physical fitness. Heredity, diet, home and community surroundings, physical exercise, supervised sports among school children, sanitary working conditions and recreation, are a few of the factors which will play a part if our

many flabby, ill-postured, psychoneurotic citizens are to be converted into individuals who are physically and mentally fit to assume their proper responsibilities to the nation.

We must first produce and develop physically fit children and maintain their physical fitness when they reach adult life. We must teach "health" in our schools. General practitioners and school physicians, parents and communities must become more interested in the normal healthy child, the maintenance of his health, the early diagnosis of his physical and mental defects, and the early inauguration of preventive and curative measures.

With proper leadership by the medical profession and the integration of the efforts of auxiliary groups a more physically and mentally fit nation can be developed.

ARMY PHYSICIAN NEED MET

About the middle of October the Army announced that having commissioned 43,000 physicians it would require no more physicians from our civilian communities.

The Navy will continue its program in an effort to increase by an additional 3,000 their present personnel of medical officers.

Procurement and Assignment Service has processed a large number of physicians, of whom over 50,000 are now in active military service. It is estimated that about 13,000 physicians still in civilian life and under 45 years of age could qualify physically for military service, but to displace them from their present positions would seriously disrupt the medical care of our civilian population.

New Jersey has supplied 2,250 physicians to our armed forces, reducing our physician population ratio from a normal of 1-750 to 1-1200.

We may well be proud of this 2,250. With remarkably few exceptions each man when declared available took immediate steps to put his private affairs in order and reported promptly to a military examining board. For the majority, extensive readjustments and sacrifices were necessary upon entry into military life and the majority will return to civilian life less capable of coping with the problems of a civilian practitioner than they were at the time they entered military service. The plans now under way to assist them will be essential to the welfare of many of them.

They will have had experience in the advantages and disadvantages of medicine en masse, regulated by directives and rendered to regimented, disciplined groups. The future of medicine will be altered by their attitude and the impressions they gained while in military service. We will welcome their return and their assistance in the solution of our serious post-war problem.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

The Plan announced in the October and November issues of *The Journal* that no old contracts would be issued after November first.

It has not been possible to carry out this policy because of the delay in completing the enrollment of groups to whom commitments had been made on the basis of the old contract. This will apply to only a few hundred persons.

All new business enrolled after November first will be on the basis of the new contract.

About 30,000 persons are enrolled under the old contract which must be complied with until the end of the contract year of each contract.

Please remember that under the old contract participating physicians deem as payment in full the amounts paid by the Plan if the patient is admitted for ward or semi-private hospital accommodation, and as indemnity if patient is admitted for private (1 bed per room) accommodations. Under the new contract the amounts paid by the Plan are deemed as payment in full for ward or semi-private cases if the annual income of the Subscriber is less than $2000 plus $500 for the first enrolled dependent and $250 for each additional enrolled dependent.

The income of the Plan during October was $21,500.00, of which $15,200.00 was expended to physicians for care rendered its subscribers.

Middlesex County Medical Society approved the Plan at its meeting of November 13th. We are grateful for this assistance in dealing with our difficult problem. Enrollment of Middlesex County physicians is now in progress and we hope very soon to enroll some subscribing groups in Middlesex County.

ANNUAL MEETING OF SECRETARIES AND EDITORS

The Annual Meeting of Secretaries and Editors was held at the Headquarters of the American Medical Association on November 18th and 19th.

This is always a pleasant affair, well attended by representatives of each State Society. A friendly, congenial atmosphere pervades each session. A minimum of formality and restraint encourages personal contacts and informal discussions between individuals and groups on the problems in each State and the attitude within each State concerning national problems, thus providing what is probably the most valuable part of the meeting.

The formal part of the program is in accordance with suggestions submitted by those who anticipate attendance at the meeting. This should result in a very valuable and constructive program. It actually results in too much time being spent in the re-discussion and rehashing of problems with which we are all very well acquainted on a state level. This allows very little time for the discussion of new problems which may or will arise in the future and which are our greatest concern today.

The program would be improved and be of greater value if the personnel at the Headquarters made a greater contribution from their knowledge of current affairs and anticipated problems, particularly in these busy days when each person in attendance is making a definite sacrifice of valuable time which might well be spent at home in dealing with the problems within his own State.

ORIGINAL ARTICLES

THE MEDICAL TREATMENT OF GALL-BLADDER DISEASE *

By MARTIN E. REHFUSS, M.D.
Professor of Clinical Medicine, Jefferson Medical College, Philadelphia, Pa.

NEWER CONCEPTS OF GALL-BLADDER DISEASE

A few years ago the gall-bladder was considered a vestigial organ and was removed almost indiscriminately. The more we learn of its action, however, the more we are convinced that it is an integral part of the digestive mechanism, and that a disturbance in this region interferes with efficient digestion elsewhere in the tract. We now know that for healthy function the gall-bladder must have a normal mucosa, a competent muscular structure and a patent duct system, by which it is enabled to concentrate eight to ten times its volume of liver bile and to retain it until required for intestinal digestion. One group of observers holds the opinion (to which I subscribe) that the gall-bladder possesses an active musculature capable of contraction, which in health empties the organ, at least partially, probably several times a day. We were able to demonstrate in isolated muscle strips from a steer's gall-bladder powerful peristaltic contractions occurring 2.7 times a minute.

Disease of the gall-bladder, the commonest single cause of upper abdominal indigestion after the age of 40, is characterized mainly by inflammation, the presence of stone, or both. In some cases the entire wall of the organ may be inflamed; in others the mucosa has disappeared, with loss of concentrating function. Frequently there are noticeable changes in the musculature; or, as we have seen in our experimental animals as well as in the human subject, the subserosa may be markedly thickened. Mechanical blockage of the cystic duct by stone or some other modification of the gall-bladder contents is another grave consideration.

In reviewing the literature on gall-bladder disease, it is interesting to note the diversity of opinion on the etiology of this malady. Scientific investigation has evolved three theories concerning the cause of biliary tract disease: *infection, metabolic disturbance* and *stasis*. The association of infection has been clearly established by certain observers, who identified the pathogenic organisms, but their raison d'etre, their evolution is still poorly understood. In a composite review of 2162 cases of cholecystitis studied bacteriologically following cholecystectomy, only about 45 per cent of the removed gall-bladders were found to be infected, and therefore we have come to accept the conclusion that the gall-bladder, like any other organ, may be infected and then become sterile. The bacteria usually demonstrated in infected gall-bladders are those commonly inhabiting the nose, throat, sinuses, teeth and bowel, and, with the exception of the pneumococcic group, the organisms causing upper respiratory disease are often observed. In our experimental studies, the organism most frequently capable of infecting the gall-bladder was a nonhemolytic streptococcus of the S. fecalis group, from the bowel. It is altogether likely, therefore, that many recurrent infections of the gall-bladder may have their origin in a general or local infection elsewhere in the body. At present we have no satisfactory method of controlling the absorption and activity of these bacteria; but mild cholecystitis has been known to disappear in many patients after removal of active foci in the head, nose and throat, and conversely, inflammation of the gall-bladder has followed upper respiratory and bowel infection.

The metabolic phase of biliary tract disease involves a profound chemical problem associated with the formation of liver bile and its concentration in the gall-bladder. The studies of Ravdin and others indicate that the bile which leaves the gall-bladder is very different from the liver bile which enters it; and we have observed, on duodenal intubation, marked differences in the appearance, specific gravity,

* Presented before the Section on Medicine, 178th Annual Meeting of The Medical Society of New Jersey, April 26, 1944.

nitrogen fractions and even the bile salt fractions of the bile. Numerous procedures have been tried in our laboratories in a search for some chemical method of approach to the study of the bile fractions, but so far a satisfactory method for the measurement of bile salts is not available, and therefore we lack an accurate clinical method of demonstrating such changes.

As shown by the physiologist, the clinician and the surgeon, the sufferer from biliary disease conforms to a definite type. His average age is 43 years; in three out of four cases he is constipated; and in practically the same proportion subject to nervous disorders. There are many symptoms peculiar to the gall-bladder patient which are rarely encountered in other types of upper abdominal disease. In our experience nine out of ten cases have some form of flatulent, upper abdominal indigestion; 71.1 per cent complain of distress, and in 75.9 per cent there is a history of actual pain. We have observed headache in 61.7 per cent, dizziness in 51.3 per cent; cardiovascular phenomena in 39.6 per cent; rheumatic manifestations involving nerves, joints or muscles in 31.7 per cent.

The diagnostic problem, then, is twofold: (1) To determine whether there is a residual active infection; (2) to ascertain the amount of structural damage incurred. The demonstration of localized pain, upper right rectus rigidity and, perhaps, of a palpable gall-bladder are always significant. Modern cholecystography, with the improved double technic and recent postural changes, should indicate the position of the gall-bladder. It should visualize the concentrating and contracting functions, and in the majority of cases reveals the presence of foreign bodies, as calculi. Duodenal intubation enables us to investigate the external secretion and should give information as to the color sequence, the degree of concentration and associated pathological material—infected, inflamed or ulcerated mucosa, and the presence of crystals in so-called "potential gallstone formers." For the present, microscopic examination and study of the color sequence remain the important factors in diagnosis of cholecystic disease, but we look forward to the evolvement of more satisfactory chemical methods in the future.

The three primary purposes of gall-bladder therapy are (1) arrest or correction of underlying conditions, (2) improvement of gall-bladder function, and (3) so far as possible, restitution of structure.

To arrest or control infection, a diagnostic survey is necessary to determine the existence of infection elsewhere in the body, especially in the regions known to harbor the organisms to which the gall-bladder is vulnerable. Sinus, throat or bronchial infection should be controlled or eliminated if possible; infected teeth should be discovered and removed if necessary. The digestive tract also is a probable source of infection secondarily invading the gall-bladder, and the colon bacillus and the nonhemolytic or fecal streptococcus should be regarded with suspicion. It is true that they are found in practically every human intestine, but they should not occur in the biliary or the urinary tract, which frequently are involved. We use vaccines and toxoids prepared from these sources, and after many years of experience with such agents I have gradually come to the conclusion that what we do with our small doses of vaccine is to desensitize the patient rather than to immunize him, resulting of course in subjective improvement.

We are gradually learning more about the action of the sulfonamides, and in acute biliary infections the physician and the surgeon have turned to these remedies with increasing hope but with the realization that danger of liver damage is always present. A number of contributions have appeared in the literature[1,2,3,4,5] in which the application of sulfa therapy to biliary-tract problems is discussed. Today, in the presence of active infection of the biliary tract, we do not hesitate to use these remedies, with carefully controlled administration. One

1. Liaci, L.: Sulfanilamide and Sulfanilamide Preparations in Biliary Therapy. Boll. Soc. ital. biol. sper. 14:463 (1939).
2. Manche and Plotner: Prontosil in Treatment of Cholangitis and Its Experimental Foundation. Munchen. med. Wchnschr. 86:1550 (1939).
3. Ferreira, A. E., and Mendes: Elimination of Sulfathiazole in Biliary Route and Its Possible Therapeutic Action. Amatus 1:686 (1942).
4. Peterson, Deutsch and Finland: Therapy with Sulfonamide Compounds for Patients with Damage to the Liver. Arch. Int. M. 72:594 (1943).
5. Morrison, L. M., et al.: The Sulfonamide Treatment and Clinical Significance of Chronic Biliary Tract Infections. Gastroenterol. 1:573 (June) 1943.

fact emerges from the controversy; i. e., that in progressive hepatitis, as encountered in Laennec's cirrhosis, and in the presence of severe liver damage the sulfonamides are contraindicated, but there is still insufficient evidence in the literature to enable us to make sharp distinctions. Peterson et al.[3] report almost invariable improvement in hepatic function after sulfa therapy for acute hepatitis associated with bacterial infections. In their patients with chronically damaged livers the hepatic dysfunction was not increased by administration of sulfathiazole or sulfadiazine, and in those cases in which bacterial infection was adding to hepatic injury, some improvement was noted. Toxic effects other than direct injury to the liver were observed more frequently in patients with portal cirrhosis and were twice as common after sulfathiazole as after sulfadiazine. Sulfadiazine is preferred by these authors, but was administered with caution to patients with severe portal (Laennec's) cirrhosis of the liver.

The use of methenamin, salicylates and alkalinization are for the most part disappointing. On the other hand, in the absence of mechanical obstruction, local measures, complete rest and a rigidly controlled diet usually result in subsidence of subjective symptoms and gradual disappearance of localized tenderness. If any other organ were so affected the therapeutic indication of continued rest until restitution had occurred would go unchallenged.

Change in functional demands on the organ. The gall-bladder is preëminently concerned in the digestion of fat. If I were compelled to select but one therapeutic procedure, I would prefer to treat these patients by dietary control. The management of diet in gall-bladder disease is still a controversial subject, but as to its influence on gall-bladder function there can be no reasonable doubt. We can either "splint" the gall-bladder or arouse it to increased effort. Inasmuch as sufferers from biliary disease seek medical treatment during an acute attack or following an attack preceded by some infection or dietetic indiscretion, it is obvious that the immediate need is to allow the organ to rest and regain its normal tone. I have always been interested in the exciting factor in these cases. One patient dated her initial attack to eating fried meat; another to eating fried oysters; another to the taking of mackerel; another to a meal of sauerkraut and pork; and several to influenza. Subsequent examination of several of these patients disclosed the presence of stone. I attended a woman who, while in Florida, had several acute attacks, almost certainly of calculous type, yet her cholecystograms failed to register a shadow. She was jaundiced, undernourished, and suffering constantly from indigestion, but continued to eat the diet so prevalent in that part of the country. In the absence of beef, pork is used frequently; pompano, mackerel and kingfish are on almost every Florida menu; and each one of these she was sure did not agree with her. I told her I could do nothing but to give her a diet which she was to follow carefully. At a second examination a month later she was much improved and without any discomfort whatsoever. That patient, of course, is not cured, and it is safe to predict that relapse will occur when she departs from her dietary regimen.

The importance of the diet is not merely in the type of food ingested, but also in the method of preparation. Individuals with biliary disease can eat chicken stewed or broiled, but Maryland fried chicken is taboo. They can eat oysters in almost any form except fried, and if they are not allergic to crabs they may eat deviled crabs baked but not fried in deep fat. Crude butter is perfectly safe for the gall-bladder patient, but butter which has been cooked is distinctly harmful. A fat-free diet is not desirable and may be dangerous in the long run because these people need the fat-soluble vitamins.

We have used, in the treatment of several thousand patients with biliary disease, a modification of the type of low cholesterol, low fat diet suggested originally by Chauffard, and in a relatively large proportion dietary supervision alone achieved arrest of symptoms, as in the management of uncomplicated ulcer. The important point is the composition of the diet. For instance, the physician will explain that the patient is not to take fried or greasy foods, and perhaps he eliminates eggs, cream, pork,

fatty meats and fatty fish, but the patient continues to eat mayonnaise on lettuce, chicken a la king, and unwittingly commits infractions of the rules in a hundred other ways unless he is given specific, detailed instructions. It is amazing to learn of the many ways in which shortening is employed in the preparation of the modern diet, and the more famous the chef the more remarkable his subtlety in concealing certain elements of the menu, some of which may be expressly forbidden in the dietary for biliary tract disease. Therefore, since a single dietary indiscretion may light up a subsiding cholecystitis, the sufferer from disease of the gall-bladder may never relax his watchfulness of the food he consumes.

I consider also that the duodenal tube is a very valuable adjunct in the treatment of biliary disease, especially when stasis is associated. It does not necessarily alter the condition of the gall-bladder wall, but affords a means of clearing the biliary tract. There is undoubtedly a group of dyskinesias in which perhaps functional rather than low grade organic disturbance has interfered with the normal physiologic sequence of bile, and in such cases duodenal drainage may restore the normal sequence. We have been studying for some years the chemical changes in these biliary tract fractions as revealed by ordinary duodenal intubation, and I have no hesitancy in saying that it is possible with proper technic to obtain in many instances a normal physiologic sequence in color and appearance of the bile, which had been lacking previously. On the other hand, after a severe disturbance of the gall-bladder, particularly if stones are present, the use of the duodenal tube may be attended by serious consequences. Intubation may result in a violent recurrence necessitating early operation if there has been a recent acute attack, if there is an obvious calculous cholecystitis particularly with multiple small calculi, or if used following a severe cardiac episode. In calculous cases I frequently use 7 per cent peptone rather than olive oil or solutions of epsom salts to stimulate the gall-bladder. However, in the large group of biliary patients with stoneless gall-bladders, low grade catarrh or infection of the ducts, and the familiar triad of duodenitis, cholecystitis and hepatitis, duodenal drainage affords subjective relief obtainable by no other therapy in my experience.

The use of bile salts is of course not the only method of modifying liver cell function. When one realizes that the portal blood, draining nearly the entire digestive tract, passes through the liver, it follows that any treatment directed toward the bowel, whose function is so often compromised, should result in improved activity of the liver cells. Sanitarium treatment, spa treatment, the use of certain mineral waters (notably Vichy, Carlsbad and Saratoga and a host of others) which have been claimed to benefit the intestine, may be of some value. Certainly all those measures calculated to aid intestinal function, overcome intestinal putrefaction and lessen the likelihood of toxemia are likely to benefit the liver.

In the treatment of the gall-bladder containing stone, particularly if there is a background of hepatic disturbance, there is an increasing tendency to use substances which influence the liver bile, as decholin, desichol, bileron, bile salts, and many others. Some of these preparations, used in moderation, apparently exert a beneficial influence, and patients have claimed marked relief from the use of bile salt fractions, although it is difficult to reconcile these statements with the small amounts of material ingested. I see no reason why substances which stimulate liver function should not be included in the category of remedies for biliary disease. I always begin with very small doses and gradually increase dosage, as the use of large amounts of these preparations in acute or subacute cases may cause exacerbation of the original lesion.

Control of symptoms. Flatulent indigestion was the complaint of 88.2 per cent of our patients. Most of this is probably due to aerophagia incident to autonomic imbalance rather than to actual formation of gas in the bowel. It is to be controlled by: (1) avoidance of flatulent foods; (2) the use of sedative-antispasmodic combinations; (3) the use of absorbents; (4) the regulation of the bowels by formulas which arrest stasis and promote elimination. It is rarely necessary to use pituitrin, prostigmine or more powerful autonomic drugs

for this purpose. Usually simple sedative and antispasmodic mixtures such as the following are sufficient.

℞ Pulv. peptenzyme ..... gr. ii
Pulv. carbo ligni ..... gr. i
Ext. hyoscyamus ..... gr. 1/12
Papaverine Hcl. ..... gr. 1/6
Phenobarbital ..... gr. 1/3
For 1 capsule N 24

℞ Liq. pot. arsenitis ..... gtt. xxv
Strontin bromide ..... ʒ iii ss
Tr. hyoscyamus ..... ʒ i
Tr. gentian co. ..... ʒ ii
Elix. digest. co. q.s. ..... ℥ iv
Sig.: Dessertspoonful in water.

In our series, 75.9 per cent of patients complained of pain, and 71.1 per cent reported upper abdominal distress. I nearly always employ two measures for the relief of these symptoms: the use of local moist heat in the form of flaxseed poultices, and a basic formula of bismuth subcarbonate and heavy oxide of magnesia to which I add analgesics, depending on the severity of pain; and a simple formula to which may be added, if necessary, small doses of dilaudid, gr. 1/48, codeine sulfate 1/3 gr., papaverine hydrochloride gr. ⅛ to ¼. If these are ineffective, as in colic, hypodermic medication must be employed.

For ordinary distress or discomfort the following is usually sufficient to relieve the patient:

Ext. hyoscyami ..... gr. 1/12
Acetphenetidin ..... gr. ii
Bismuth subcarbonat. ..... gr. xii
Magnesii ox. pond. ..... gr. x
For 1 powder N 24
S. One powder in water after lunch and dinner.

The sufferer from chronic biliary disease complains of nervousness and insomnia in 71 per cent of cases. Measures for relaxation and restful sleep are indicated for these patients. For years I have used in moderation one of the following formulas:

℞ Liq. pot. arsenitis ..... gtt. xxv
Strontin bromidi ..... ʒ iii ss
Tr. hyoscyami ..... ʒ i
Elix. digest. comp. q.s. ..... ℥ iv
S. Dessertspoonful in water before lunch and dinner and on retiring.

℞ Pulv. peptenzyme ..... gr. ii
Pulv. carbo ligni ..... gr. i
Ext. hyoscyami ..... gr. 1/12
Phenobarbital ..... gr. 1/3
For 1 capsule N 24.
S. One before lunch and dinner and on retiring.

If these are ineffective the whole belladonna extract with phenobarbital (belladenal, Sandoz) or the same formula with gynergen, an autonomic sedative (bellergal) may be used. It is important to insist on proper hygiene, well regulated rest periods and avoidance of intellectual work at night. Overfatigue, exhausting work, dietary indiscretions, and infections are always sources of trouble for biliary sufferers, and they must be especially careful in this regard.

Cardiovascular symptoms, as palpitation, arrhythmias, dyspnea on exertion, are more frequently encountered at the age of 43, when the signs of cholecystic disease are usually first manifested. Some of these patients give evidence of coronary disturbances, and it might be claimed that in biliary and hepatic cases there is a greater incidence of cardiovascular disease than in any others of the gastrointestinal group. We believe that the same etiologic factors contribute to both conditions. Avoidance of violent activity and overexertion should be balanced with the need of moderate exercise, and the patient's activities should be planned so as to make little demand on the heart reserve. The same sedative-antispasmodic combinations mentioned previously usually will allay cardiovascular symptoms. Belladenal (Sandoz) or bellergal often will relieve subjective symptoms.

Periods of dizziness are reported by 51 per cent of our patients, and over 60 per cent complain of headache. Many of our cases reveal the presence of sinus disease, middle ear disease, refractive errors and autonomic imbalance, so that it is often impossible to lay stress on any particular etiologic factor, but a careful diagnostic survey usually will provide leads which throw light on the condition. The necessity for the time-honored practice of improving elimination by the use of mild mercurials and salines will have to be determined by the

practitioner himself. Whether the symptoms are due to eye strain, sinusitis, aural disease, or hepatic or intestinal toxemia, the use of a simple formula such as the following usually will give symptomatic relief:

℞ Liq. pot. arsenitis ..... gtt. xxv
Ammonii bromidi ..... ʒ iv
Tr. hyoscyamus ..... ʒ ii
Spt. ammonii aromat. ..... ʒ iv
Elix. aromat., q.s. ..... ʒ iii
Sig. One teaspoonful in water as directed.

Rheumatic phenomena involving bones, muscles and nerves occur in 31.7 per cent of biliary patients. We believe that bacterial allergy, toxemias, and metabolic disturbances all have a part in producing this condition, and therapy in such cases includes measures to relieve local symptoms, improve circulation, correct metabolic defects, cultivate a congenial environment and ameliorate the morale. Spa therapy, physiotherapy of all types, balneotherapy, climatotherapy, dietary correction, the use of vitamins, tonics; infrared and ultraviolet light, diathermy, short wave and even x-ray therapy in selected cases; iron, arsenic, liver; and effort within the limits of ability of the individual but conducive to some tangible result naturally will be considered.

Constipation, often intractable, occurs in nearly three-quarters of biliary patients. In every case study of the bowel is essential. Chauffard, in particular, looked on the liver cell as the precursor of biliary lithiasis, and emphasized the rôle of altered bowel function. This paper will not, of course, discuss the question of chronic constipation except to say that, with the coöperation of the patient, there are many effective methods of therapy open to the physician—diet, medication, and local measures.

The advent of new and better therapeutic agents, as the sulfonamides, penicillin and allied substances, offers renewed hope that we may attack disease in its inception. I, for one, believe that discovery and elimination of active foci, bacterial desensitization by injection of attenuated vaccines, increase of antibodies by administration of toxoids, and the use of definite bacteriostatic agents when indicated will improve the outlook for these individuals.

I feel that by the institution of a suitable dietary regime, improvement of liver function, control of stasis, correction of metabolic defects, and the reorganization of his living program so as to emancipate the biliary patient from trivial daily annoyances, we can offer him, to a considerable degree, a comfortable normal life.

We can employ at intervals the diagnostic measures now available to ascertain our progress in alleviating his condition. If a reasonable period of medical treatment fails to accomplish the expected improvement, we have the satisfaction of knowing that modern biliary surgery, with newer preoperative precautions and postoperative care, has gained immeasurably in safety; and the patient we turn over to the surgeon is usually a far better operative risk than he was when we first met him.

CHROMIC ACID POISONING RESULTING FROM INHALATION OF MIST DEVELOPED FROM FIVE PER CENT CHROMIC ACID SOLUTION

(a) Chromic acid poisoning as produced by fumes from an anodizing solution affects the nose in a distinct manner.

(b) The cases tend to recover but should be checked at least once a month for the need of a submucous resection to hasten a cure.

(c) The use of vitamin A and D ointment is of benefit.

(d) Symptoms are few and cannot be used as a guide to the pathology or progression of the disease.

(e) Cases of constitutional complaint are unlikely. There were no such cases under observation, and no working time was lost as a result of the nasal pathology.

(f) With efficient medical supervision very few cases will have any appreciable remaining disabilty.—Nathan Zvaifler, M.D., Journal of Industrial Hygiene and Toxicology, Vol. 26, No. V, p. 124.

A NEW PAYMENT PLAN FOR THE CARE OF THE INDIGENT SICK

Charles V. Craster, M.D., D.P.H.
Health Officer, Newark, N. J.

Like other large cities, Newark has maintained, for fifty years or more, a staff of salaried physicians for the care of the indigent sick of the city, as well as a dispensary with a staff of clinic physicians to treat those patients who do not need home visitation.

This service came more or less under criticism from time to time. The public who were not on relief took considerable advantage of the service, so that during periods of economic stress in the city, our dispensary load became overwhelming and the demand for home visits impossible to take care of. This required the employment of more and more paid clinic physicians and visiting physicians.

The sick indigent person had no choice of physician, the calls being made by the particular physician allocated to the city district. Considerable dissatisfaction occured at times with the attitude of the visiting physician, who by reason of the number of calls allotted could devote little time for the examination and treatment of patients. At times the number of visits given to each district physician gave a return to the physician of thirty cents or less for each visit on the basis of his salary of $1,000-$1,200 per year.

The medical profession realizes that some form of free medical service must be provided for the indigent sick. The profession feels that the physician giving such service under municipal government salaries is inadequately compensated for his skilled work to such a degree that the quality of this service is below the standard maintained for paid services to the private patient. At this time with Social Security in the offing, some form of medical relief must be considered not only for the indigent poor but for those who by reason of low wages are medically indigent.

The physician's opinion as to how this service is to be built up within the framework of ethical medicine must be given due consideration.

THE MEDICAL ASSOCIATION ATTITUDE

Concerning medical insurance plans for relief before the Board of Trustees of the American Medical Association in November, 1932, the following resolution was passed:

"The first dictum shall be free choice of hospitals and physicians.

"The second dictum is that the prevailing charge shall be paid by the insurance company or the group of doctors who are going to be responsible for the administration of the service. The next dictum is that there shall be no profit to the organization, that the profit shall consist of the fee to the doctor and service to the participants in the plan."

Under the free dispensary and district physician plan, the cost of the service is kept at a low figure, the average for a physician call is between 90 cents and a dollar and clinic treatments average 25 cents. This service does not allow any choice of physician, and the quality of service rendered has a tendency to deterioration. With very few exceptions the reaction to a paid salary is to minimize as far as possible the extent of the service rendered. This can be understood when one considers the excessive calls for medical treatment that are made on salaried physicians at certain seasons of the year. The "off period", when service calls are infrequent, are too soon forgotten by the salaried men.

Another serious objection to the salaried physician is the attitude of the public. The term "Poor Doctor" has not been forgotten, and frequently discourtesy, unfriendliness and actual hostility by the patient's family awaits the visit of the District Physician. This attitude is not so prevalent when the physician demands and receives a fee for each attendance, which is much more in conformity with medical practice.

The free choice of physician is in my opinion essential for a proper relationship between the doctor and the patient. Whatever frame-

work is set up for the medical care of the employed and the unemployed, it should meet the following conditions:

1. A service of reasonable cost to the community in which the physician should be willing to receive a fair standard fee for his services.
2. Free choice of physician.
3. Creation of a division of medical care in all health departments with an advisory committee appointed by the local County Medical Society.
4. All dispensary services to be standardized with physicians paid for actual services instead of annual salaries.
5. A Medical Advisory Board appointed by the County Medical Society to advise and correlate dispensary services.
6. A Pharmaceutical Board appointed by the State Pharmaceutical Society to standardize and correlate the cost of medical prescriptions given to private pharmacies.
7. The creation of a position of Director of Medical Care who could be a physician or layman of exceptional ability to supervise and coordinate all the various branches and specialties of medical care and to advise on problems affecting hospital care.

As a result of these conclusions, the City of Newark with the approval of Mr. John A. Brady, Director of the Department of Public Affairs of the City of Newark, adopted a plan approved by Essex County Medical Society to be operated by Medical Service Administration, in November, 1943.

CITY OF NEWARK MEDICAL PLAN

The plan provides medical care to the indigent poor of the City of Newark and to the medically indigent, that is, those families in the low income group and who after investigation, were found unable to pay for medical service. Services are limited to those persons whose names appear on the current list of indigents on the active relief rolls of the city at the time medical service is rendered.

Eligibility is determined by the City of Newark, Department of Public Welfare. Services eligible for payment are limited to professional care rendered by fully licensed physicians to eligible persons in the home of the patients. Certain services are not eligible for payment. These include:

A. Services rendered in the office of physicians.
B. Laboratory services.
C. X-ray services.
D. Physio-therapy services.
E. Drugs.
F. Appliances.

The reason for these exemptions is that all these services are available in the clinics of the City Dispensary, which is equipped to give all medicines, drugs, x-ray examinations and appliances.

Eligibility of First Call—The patient is allowed to call his own choice of physician for the first professional call during an acute illness. Additional calls must be approved by the Health Department.

Chronic Illness—For chronic patients the calls are limited to not more than two a week, except with the approval of the Health Department.

Physicians' Fees—The physicians' fees to be paid by the municipality through the Newark Department of Public Welfare are $2.00 for day-time calls and $3.00 for night calls between 8 p. m. and 8 a. m.

Approval of Physicians' Bills — All physicians' bills are submitted to and paid by Medical Service Administration. A committee of the Essex County Medical Society checks on these bills and may disapprove payment of any bill submitted.

Bills as approved by the Essex County Society Committee are then forwarded for payment to the Newark Department of Public Welfare for calls to patients on actual relief. Bills for calls to indigents who are not on actual relief are submitted to the Health Department.

Checks are made out by the City Treasurer to the Medical Service Administration plus a 10 per cent charge for administration service. Bills submitted for medical service to those not on the relief rolls are first sent to the Dispensary Social Service for investigation as to their ability to pay. Any person found able to

pay is billed for the service through the City Claims Department.

It is agreed that at necessary intervals the Welfare Department shall submit to the Medical Service Administration a complete list of eligible persons on the active relief rolls of the city and that each eligible person or family shall be furnished with a small booklet of instructions covering benefits and procedures to be followed by the patient and the attending physician.

How Patient Obtains Service — Persons whose names appear on the current rolls of the Newark Department of Welfare may call their physician direct for the first call during an illness; or, may call the Department of Health, which maintains a 24-hour switchboard service, and the operator upon verification of the person's name on the indigent rolls instructs the patient to call his own physician or upon request of the patient calls a physician near the patient's home. Subsequent calls must be approved by the Department of Health.

Medically indigent persons (not on rolls of the Department of Welfare) must obtain permission for the first call from the Department of Health. Verification of each case as a medically indigent case is made by the Dispensary Social Service Bureau of the Department of Health. Subsequent calls must be approved by the Department of Health. When it is found that such a patient is able to pay for the call, the patient's name and address is forwarded to the Claims Division of the city for payment.

Results of New System—The new medical relief system has now been in operation for seven months. The actual cost of the calls to the city has been considerably less than when a full staff of District Doctors was maintained. There has been no complaint as to the type or quality of medical service rendered, which was not the case with the previous salaried force. There has been, of course, some delay in the payment for cases under investigation but there is not the same demand as formerly for free medical services in the low wage group.

The actual decrease in the number of calls for medical service in the home has been considerable since the system of Social Service investigation was made a routine service for each request. The calls for the first six months of 1944, after the Medical Plan was adopted, numbered 846 as compared with 4909 calls for the first six months of the preceding year, when district physicians were employed. The following table shows calls for each month of 1944 as compared with 1943.

1943
DISTRICT PHYSICIAN CALLS

January	754
February	653
March	931
April	1064
May	933
June	574
Total	4909

Cost of Service—$9600

1944
MEDICAL SERVICE CALLS

January	121
February	141
March	157
April	141
May	166
June	120
Total	846

Cost of Service—$1867

Of the $1867 expended this year, $559.10 is paid by the Health Department for medically indigent cases not on relief but unable to pay, as verified by social service check-up. The balance, $1307.90, is paid by the local Relief Department for cases on relief. Of that amount, the city will receive from the state, $672.00 or about 40 per cent of actual physician fees for relief cases.

Unquestionably, some of the reduction in number of calls is due to greater ability of the public to pay. That much of the reduction, however, was made possible by our check-up is indicated by the fact that there were 281 calls rejected during the first six months of this year or approximately 20 per cent. It is reasonable to suppose that a similar 20 per cent of the 4900 calls in the same period last year were made by individuals not entitled to free treatment.

HEMORRHAGIC CHICKEN-POX — CASE REPORT

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ROBERT B. MARIN, M.D., Vanderbilt Clinic, Presbyterian Hospital, New York, N. Y.

The disease varicella is usually considered a mild innocuous disease without severe complications or sequelae. Fatalities are extremely rare. The most common complications in adults are upper respiratory in nature.

The etiology of varicella is commonly accepted as a filtrable virus. Malignant or hemorrhagic varicella is rare. It is characterized by tissue breakdown within the lesions themselves and subsequent hemorrhages.

In going over the literature, little could be found concerning this condition. Those cases of hemorrhagic chicken-pox found and reported by the authors were all in children. Storrie reports a case of hemorrhagic and gangrenous varicella in a boy of four following scarlet fever. D. Grant Campbell in The Canadian Medical Journal also reports a case in a child of ten days. Rolleston and Ronaldson, in their excellent book on contagious diseases, briefly mention this form of varicella as does Samuel Woody in his paper written for Tice. Apparently little is known of the actual histology or pathology of the process.

This case of hemorrhagic varicella, therefore, is reported because of its rarity and unusual academic interest.

CASE HISTORY

White male, age 37 years. Previous to illness in good health. Contact was a son, age nine, who became infected with varicella two weeks previously and whose course was uneventful. Inoculation period was 14 days, and on the same day that the patient age 37 showed the typical rash, a second son, age four, also became infected with varicella. The course of the disease in the second child was uneventful.

The rash in the adult patient appeared normally, accompanied by a slight rise in temperature. Lesions were typical in appearance at onset with successive appearances of crops in all stages, macular, papular, and vesicular. Outstanding was the fact that with the rash fully erupted the number of lesions were the most profuse ever seen by the authors of this report, the lesions themselves being so closely packed that not more than a square inch of skin on the entire surface was free from eruption. The course of the case was usual up to the fourth day when the temperature rose to 103° and diffuse hemorrhagic changes occurred in the lesions. For the next 48 hours the temperature remained elevated with a marked increase in the general toxicity of the patient. On the sixth day of the disease the patient became dyspneic and cyanotic. A persistent cough developed and the patient raised large amounts of frothy, bloody sputum. At the same time, an examination of the chest revealed dullness over the entire right lung field posteriorly and an absence of breath sounds. The left lung was also dull to percussion with showers of moist râles present. A provisional diagnosis of pneumonia was made, and the patient was immediately hospitalized.

On admission to the Essex County Isolation Hospital, the patient was immediately placed in an oxygen tent and given two and one-half grams of sodium sulfadiazine intravenously, followed by 1,000 cc. of 5% glucose and saline intravenously, to combat the rapidly increasing dehydration. Coramine and stimulants were used as supportive measures. Immediate relief from the dyspnea was noted upon placing the patient in an oxygen tent, but this improvement was of short duration, lasting not more than one and a half hours. The dyspnea then reappeared and the patient grew progressively worse and expired four hours after admission to the hospital.

CHART

	Pulse	Temperature	Respiration
On admission	160	102 2/5°	45
Four hours later...	160	103 3/5°	48

AUTOPSY REPORT

Name: ——— ———. Date of Death: March 12, 1944. Age: 37 years. Date of Autopsy: March 13, 1944.

Clinical Diagnosis: Varicella, pneumonia.

General Appearance: The body is that of a well-developed, well-nourished white male. The skin is completely covered with innumerable purplish hemorrhagic areas about 3-5 mm. in diameter which are discrete, not raised above the skin surface and show little surrounding reaction. There is no jaundice or edema.

Head: Well formed. The ears contain no external discharge. The pupils are regular and equal. There is no conjunctivitis or icterus of the sclerae. The nose and mouth are filled with frothy blood-stained material. The cranial cavity was not examined.

Thorax: Symmetrical. The pleural surfaces are studded with multiple hemorrhagic areas. On section, the lungs are congested and the alveoli are filled with hemorrhagic frothy material. They are air-containing throughout and there are no areas

of consolidation seen. The bronchi are filled with frothy, hemorrhagic material. Their lining mucosa is reddened and hyperemic but no hemorrhagic areas are noted. The thymus is pale and extends down to the level of the second costochondral junction. It is bi-lobed and on section appears normal. The pericardial cavity contains a small amount of straw-colored fluid. The epicardial surface is smooth and glistening but beneath it there are many large and small hemorrhagic areas seen beneath the endocardial surface. These are most numerous on the wall of the right ventricle and occupy nearly all of the upper half of interventricular septum. They do not, however, appear to extend down into the myocardium. The chambers of the heart are filled with post-mortem clot. The free margins of the valves are thin and delicate and the valves appear to be anatomically competent. The aorta is thin and elastic. The coronary orifices and vessels are normal.

Abdomen: The peritoneal cavity contains no fluid. The omentum lies free and the individual viscera occupy their usual positions. There are numerous hemorrhages seen beneath the peritoneal covering of the intestines but these do not appear to extend down into the intestinal wall. The stomach and intestines are moderately distended with gas and filled with bile-stained material. There is no enlargement of the mesenteric glands. The liver is not enlarged or congested. There are numerous hemorrhages beneath the capsule. On section the usual lobulations are visible and no hemorrhages are seen within the parenchyma. The gall-bladder is filled with green fluid bile. The bile duct is patent. The spleen is slightly enlarged, soft, and friable. The capsule is grey and wrinkled and the pulp soft and mushy. The pancreas is normal. The adrenals are not enlarged and show no hemorrhages. The kidneys are not enlarged nor congested. Their capsules strip with ease, revealing a smooth cortical surface beneath which is free of hemorrhage and which on section appear normal. The pelves and ureters are not dilated and their mucosal lining is pale and smooth. The bladder contains a pale urine. The mucosal lining is pale and smooth.

Post-mortum Spinal Tap: Completely negative.

FINAL ANATOMICAL DIAGNOSIS

Varicella with multiple hemorrhages into skin, lungs, pleura, endocardium.

Pulmonary oedema and congestion.

Signed—WALTER L. MITCHELL, JR., M.D.

Features of interest are: 1, Rarity of the condition, especially in adults; 2, serious prognosis; 3, differential diagnosis.

S. G. Slim in his thesis on hemorrhagic varicella states that the condition is only a malignant form of ordinary chicken-pox, and is the result of either an increased virulence of the pathogenic agent or a decreased resistance of the patient. It is most common between the ages of two and ten years.

The most important differentiation is small-pox. Chicken-pox can be complicated by necrosis, encephalitis, nephritis, and pemphigus, or certain vesicular dermatites.

Treatment is symptomatic only.

REFERENCES

1. Archives of Internal Medicine: Severe Form of Chicken-pox in Adults with Autopsy Observations in a Case of Associated Pneumonia and Encephalitis. 69:384, March 1942.
2. Camphell, D. Grant: Case of Hemorrhagic Chicken-pox. Canadian Medical Journal, July 1915.
3. Mir, J.: A Case of Hemorrhagic Chicken-pox in a Three-Year-Old Girl. Soc. Cuhana De Pediat., 10:457, Aug. 1938.
4. Rolleston and Ronaldson: Contagious Diseases.
5. Slim, S. J.: Thesis. Geneva, 1930.
6. Storrie: Case Report.
7. Tice, C. P.: Samuel Woody.

The authors are indebted to Dr. George Draper of Presbyterian Hospital for his helpful suggestions in the preparation of this article.

TANTALUM

Tantalum plates, foil, screws and wire to repair broken bones, nerves and skulls will shortly be available to civilian surgeons through a recent allocation of the War Production Board, according to an announcement made by Dr. Gustav S. Mathey, President of the Johnson & Johnson Research Foundation, New Brunswick, New Jersey.

The Johnson & Johnson Research Foundation is a non-profit organization, founded in 1940 to endow research in universities and hospitals and to disseminate summaries of findings to members of the medical profession. Dr. Mathey states that by an agreement between the Ethicon Suture Laboratories, Johnson & Johnson subsidiary, and the Fansteel Metallurgical Corporation of North Chicago, the availability of tantalum for civilian surgeons is assured at an early date.

Tantalum has assisted surgeons to return to active life many cases which in the last war would have been disfigured and incapacitated for life. Lost portions of the skull, ears, noses and other parts of the face are being replaced with tantalum. One veteran has a tantalum "belly wall". Nerves which control motion in arms and legs are stitched with tantalum thread and protected while healing with tantalum cuffs. Facial paralysis is relieved by small, saddle-shaped pieces of tantalum and wire used to pull the corners of the mouth to a normal position. This stops the unpleasant drooling and facial distortion which go with the condition. Cleft palates also are being corrected.

HOME NURSING—HELP FOR THE BUSY DOCTOR

H. E. KLEINSCHMIDT, M.D.
Medical Director, American Red Cross, North Atlantic Area

Before the day of the modern tuberculosis sanatorium, Sir William Osler introduced the practice of sending a young woman medical student to the homes of his tuberculous patients. He had found that instructions, no matter how carefully given in the office, were seldom carried out properly in the home. The will to do so might be there, but skill and understanding were often lacking. His emissary took pains to teach the technics of caring for the patient and of protecting the health of others, by actual demonstration and patient practice. The success of this experiment was one of the roots from which our present-day system of public health nursing sprang.

Today about two-thirds of the practitioners of medicine are carrying the entire load of caring for the civilian sick. Private duty and visiting nurses are scarce. Transportation is difficult. Under these circumstances, the master of clinical medicine, were he still alive, would doubtless endorse the efforts of the Red Cross to train homemakers in the art of caring for the sick at home. Last year, a half-million persons in the United States completed the Home Nursing course. The certificates they received testify to their willingness to learn to carry out the directions of the doctor in most cases of sickness treated at home. The holder of a certificate in Home Nursing has been taught how to read the clinical thermometer, recognize certain signs of illness, report to the doctor; she knows how to apply a hot water bag, prepare a stupe, give an enema; she has had instruction in preparing tasty meals and can change the bedding and move the patient without unduly disturbing him or tiring herself; she keeps an intelligent bedside record and, if need be, may be entrusted to care for a case of communicable disease. Because of her training she appreciates good medical and public health service, and she strives to keep the family well. She does not dare to make a diagnosis nor to prescribe although she knows how to use simple home remedies and she has better judgment about when to call and when to leave the busy doctor alone. Unsung and un-uniformed, she is not in the public eye rendering a glamorous service, but she is the monitor of health in the home, and the doctor's dependable collaborator when sickness strikes. As a homemaker, she is proud of her special skill.

The Home Nursing course began in 1908 when Mary Boardman, a charter member of the Red Cross Central Committee, somewhat timorously arranged for a series of lectures to women in "Hygiene of the sickroom, dietetics, tuberculosis, contagious diseases, mother and baby care, and medical and surgical emergencies". The first World War gave impetus to the enterprise and as the demand for classes spread, the need of training the graduate, registered nurses who teach the course came into sharp focus. A textbook and teacher's manual were prepared and standards were set for the proficiency of instructors. Red Cross chapters recruited the students and provided meeting places and practice materials. The popularity of the course waxed and waned through the years of prosperity and depression, but surged vigorously in 1940 when the war came, and since then about one and one-quarter million certificates in Home Nursing have been issued in the United States.

Great care is exercised in the selection of the subject matter. Out of a mass of medical and nursing knowledge only that must be taught which is suitable and pertinent for the lay student to use in the home. The course is divided into four units:

I. Health and Happiness in Home Life
II. How the Community Protects the Health of the Home and Family.
III. How to Take Care of Mother and Baby.
IV. What to Do when Sickness Invades the Home

The course may be taught to adults in a minimum of 24 hours within a period of four

weeks, though a longer period of time is desirable.

Recently a Six-Lessons Course has been introduced which is a breakdown of Unit IV as follows:

Lesson 1. When Sickness Occurs
2. The Patient Goes to Bed
3. The Clean and Well-Groomed Patient
4. Food and Medicine for the Sick in the Home
5. Simple Treatments Ordered by the Doctor
6. Summary and Review—Relating Care of the Sick to the Control of Communicable Disease.

This short course is not a substitute course, but is designed to meet those situations in which there is insufficient time for the standard course. The teaching is done primarily by actual practice. Students learn to do by doing. Each technic is demonstrated by the instructor, then the student is expected to "give it back". The classroom is equipped with the necessary articles and supplies, such as bed, blankets, hot water bottle, thermometer, etc. Whenever practicable, improvised equipment is used and students are encouraged to use initiative in devising their own substitutes for sick room necessities and comforts. A certain amount of didactic instruction is, of course, also given, and teaching aids, such as charts and movies, may help to supplement the lessons. One method only is taught for each technical situation. There may be many ways of making a bed, but only the technic given in the Home Nursing textbook is taught in this class and you may be sure that your patient's bed will be made comfortable by a Home Nursing student in New Jersey precisely in the same way as it would be in California. Standardization has its disadvantages—it is inelastic and not conducive to student exploration, but that is outweighed by the necessity of avoiding confusion in the mind of the student. After all, technical training is of necessity, authoritarian. There is free scope for group discussion, however, and for independent thinking, when the subject concerns general principles of health conservation and after a particular technic has been learned.

What attracts persons to take a Home Nursing course? Learning effort must be rewarded. There is no glamour in the course and the certificate does not entitle one to wear a uniform, although an attractive pinafore has been designed for use in the home care of the sick. The certificate itself and a small pin are incentives for some, but doubtless, the promise of acquiring skill is the strongest urge. Pride in one's job is a powerful incentive. Running a household, sick or well, is drudgery unless one takes pride in doing it well. Nevertheless, all too few girls and women are willing to enroll. The support of the medical profession is needed to promote Home Nursing and to keep it on a sound teaching basis. Their encouragement will stimulate chapters to greater effort. The doctor can be of immeasurable help if he will recognize with appropriate praise the efforts of those who are trying to apply what they have learned. Let the mother know that you appreciate her skill as a tender of the sick child, that you have confidence in her ability and that her record of the day's events in the sick room is helpful to you. Make a practice of asking: "Who, in this household, has taken Home Nursing?" If no one has, a timely encouragement may prompt mother or sister or even father, to enroll. What you recommend to your families in a few casual words has far more effect than the most persuasive literature, though that kind of promotion is not neglected by the Red Cross. If possible, show your interest to your Red Cross chapter—they will prize your suggestions and receive with gratitude whatever criticisms you may make.

Home Nursing is the doctor's friend. Even when the shortage of medical care is relieved, the Home Nurse will be an asset. To deal with understanding people who are not utterly ignorant of simple procedures, gives one a greater assurance and satisfaction that the sick may be well cared for in the home.

300 Fourth Ave., New York City

STATE ACTIVITIES

INSTITUTE ON MEDICAL TESTIMONY

The New Jersey State Bar Association extends a cordial invitation to the medical profession to attend the Institute on Medical Testimony, to be held in connection with its Mid-Winter Meeting on Friday evening, January 12, 1945, at the Essex House, Newark.

Three speakers will discuss medical testimony adduced in a court room: a lawyer who presents the testimony, a doctor who testifies, and a judge who charges the jury with reference thereto. Following these speakers there will be a question period. Since most of the litigation consists of negligence actions, this institute will be of great interest to the medical profession.

The members of The Medical Society of New Jersey are asked to coöperate with the Bar Association in this Institute.

JOSEPH F. LONDRIGAN, M.D.,
President.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ABRAMS, ABRAM B., and KAUDER, WARREN G. (in service)—Newark
Spontaneous rupture of the spleen complicating portal thrombosis. Am. J. Surg. 66: 284-286, Nov. 1944

APPLEBAUM, I. L. (in service), with SHRAGER, J.—Newark
Pneumonitis associated with malaria. Arch. Int. Med. 74: 155-162, Sept. 1944

CARLISLE, JAMES M., and GIBSON, AUGUSTUS—Rahway (Merck & Co.)
Clinical, electrocardiographic and pathologic correlation of certain common cardiac conditions, and evaluation of the cardiac patient in industry. Indus. Med. 13: 783-803, Oct. 1944

CARPENTER, C. C. (in service)—Summit (with Graves, W. N. and Unangst, R. W.)
Recurrent vesicular eruptions appearing during administration of penicillin. Arch. Derm. & Syph. 50: 6-7, July 1944

CARPENTER, C.C. (in service)—Summit (with Banzer, John W., Jr.)
Dermatitis from blue uniforms. U. S. Nav. M. Bull. 43: 754-757, Oct. 1944

CHESLEY, LEON C., Ph.D.—Jersey City
Observations on the absorption, apparent volume of distribution, and excretion of thiourea. J. Clin. Invest. 23: 856-858, Sept. 1944

IBID
Weight changes and water balance in normal and toxic pregnancy. Am. J. Obst. & Gynec. 48: 565-593, Oct. 1944

COPLEMAN, BENJAMIN (in service)—Perth Amboy
The roentgenographic diagnosis of the small central protruded intervertebral disc. Amer. J. Roentgenol. 52: 245-252, Sept. 1944

COPLEMAN, BENJAMIN (in service)—Perth Amboy—(with Capt. G. Lavner)
The antero-posterior lordotic projection in the roentgenographic examination of the lungs. Radiology 43: 135-141, Aug. 1944

FINKLER, RITA S.; FURST, NATHAN J., and KLEIN, MICHAEL—Newark
Clinical and roentgenological study of the effects of hormonal therapy on bone growth. Radiology 43: 346-357, Oct. 1944

FURST, NATHAN J.—see Finkler, Rita S.

GIBSON, AUGUSTUS—see Carlisle, James M.

GOLDBERG, H. C. (U. S. P. H. S.) — Plainfield (with George W. Comstock)
Herniation of muscles of the legs. War Med. 5: 365-367, June 1944

GREIFINGER, WILLIAM (in service) — Newark (with SILBERSTEIN, J. K., M.A.)
Salmonella food infection in military personnel; an outbreak caused by S. oramenburg, S. typhii murium, and S. anatum. J. Lab. & Clin. Med. 29: 1042-1053, Oct. 1944

GUIDOTTI, F. P. (in service)—New York City (with others)
Spinal fluid findings in cases of syphilis in the general populations of males between the ages of 18 and 38 years, without detectable neurologic changes. N. Y. St. J. of Med. 44:22, 2488-2490, Nov. 15, 1944

HERZLICH, JACOB—see O'Crowley, Clarence R.

KLEIN, MICHAEL—see Finkler, Rita S.

MAYER, RUDOLF L.—Summit (Ciba)
Yellow pigment formed from p-aminobenzoic acid by mycobacterium tuberculosis var. hominis. J. Bact. 48: 337-345, Sept. 1944

O'CROWLEY, CLARENCE R., and HERZLICH, J.—Newark
Hydrocele. Am. J. Surg. 66: 157-160, Nov. 1944

PROBST, E. W. (Maj.)—Dover (Picatinny Arsenal)
Industrial medical and hygiene problems. Indus. Med. 13: 773-775, Oct. 1944

RADOS, ANDREW—Newark
Epidemic keratoconjunctivitis and virus diseases of the eye. Arch. Ophthal. 32: 308-329, Oct. 1944

SHERMAN, A. RUSSELL—Newark
Application of Guist's localizing instrument in the extraction of intraocular foreign bodies by the posterior route. Am. J. Ophthal. 27: 1149, Oct. 1944

SHIVERS, CHARLES H. DET.—Atlantic City
Rhabdomyosarcoma of the spermatic cord. J. Urol. 52: 266-274, Sept. 1944

SUPPLEMENTARY LIST OF MEMBERS, NO. 5

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Anthony, David W., 201 Witherspoon St., Princeton (11)
Bickner, Alvah W., 84 Park Ave., Rutherford (2)
Buermann, August, III, 103 Lincoln P'k, Newark (7)
Buffey, Walter H., ARMY (20)
Cooper, David P., 62 S. 10th St., Newark (7)
Crooks, W. J., Glen Gardner (10)
Dilger, Frederick G., 210 Main St., Hackensack (2)
Donovan, Joseph, N. J. State Hospital, Greystone Park (14)
Dredge, Thomas J., N. J. State Hospital, Greystone Park (14)
Esposito, Amedeo, N. J. State Hospital, Greystone Park (14)
Essertier, Harland C., 263 Franklin Ave., Ridgewood (2)
Fava, Phillip V., 355 Sanford Ave., Newark (7)
Gentile, Ernest R., 653 Lincoln Ave., Pompton Lakes (18)
Gilbert, H. F., 626 Schuyler Ave., Arlington (7)
Glass, George A., 15 W. 11th St., N. Y. City (18)
Hyer, Godfrey S., W. High St. and Mountain Ave., Somerville (18)
Kralik, Joseph J., 555 Market St., Newark (7)
Lynch, Michael F., ARMY (20)
Marcus, Bernard, Garden Apt., Bound Brook (18)
Mockett, W. W., 714 Palisade Ave., Cliffside Park (2)
Tretter, Hans, 501 W. State St., Trenton (11)
Williams, Manley C., NAVY (20)
Zacher, Andrew A., 685 High St., Newark (7)

ASSOCIATES

Achtentuch, Herman, 113 Sherman St., Passaic (16)
Adalson, Edward, 201 Keer Ave., Newark (7)
Gellman, Wm. B., Valley View Sana., Paterson (16)
Goldberg, Bernard R., 31 Lincoln Park, Newark (7)
McGahn, Joseph, 218 N. California Ave., Atlantic City (1)
Modny, Michael T., 262 Ridgewood Ave., Glen Ridge (7)
Stein, Harriet N., 396 E. 34th St., Paterson (16)
Tarta, Ciro S., 246 E. 18th St., Paterson (16)

OBITUARY

DR. JOHN A. CONNELLY

Dr. John A. Connelly, Health Officer for the city of Trenton, died on October 26, 1944, at his home.

Dr. Connelly was born in Trenton in 1893, and in 1915 was graduated from Jefferson Medical College, Philadelphia, where he was a member of the A. O. A., an honor fraternity. He served his internship at St. Francis Hospital.

During the last World War Dr. Connelly served as an officer in the Medical Corps and on his return home was named a captain in the 119th Medical Regiment. He was a member of Trenton Post, No. 93, American Legion; the Mercer County Component Medical Society, the Society of Surgeons of New Jersey, The Medical Society of New Jersey and was a fellow of the American College of Surgeons and the American Medical Association.

In addition to his duties as Health Officer, Dr. Connelly was visiting surgeon and medical director at the New Jersey State Prison and visiting surgeon at St. Francis Hospital.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at Englewood Hospital on November 14, 1944, and was called to order by the President, Dr. William K. Harryman, at 9:15 p. m.

The minutes of the regular meeting of October 10, 1944, were accepted as read by the Secretary, and the Executive Committee meeting minutes of October 17, 1944, were accepted as printed in the bulletin.

Dr. E. J. Borokus of Maywood was elected to associate membership, and Dr. Mary Ward of Tenafly was elected to regular membership.

Dr. Walker E. Swift, Attending Orthopedist at the Lenox Hill and Memorial Hospitals of New York City, spoke on "Orthopedic Problems of Interest to the General Practitioner".

Dr. Swift spoke of the more common painful ailments of the feet, such as Morton's toe, Hallux Valgus, and painful heel. He also discussed the lame shoulder which is usually due to bursitis, peri-tendonitis, or peri-arthritis. The injection of novocaine into these painful areas renders relief temporarily. However, if equal parts of 3½ per cent tincture of iodine and 95 per cent alcohol are injected into these areas in 0.2 cc. doses every three days for a maximum of four doses, complete relief is obtained in about 80 per cent of the cases.

In discussing low back ache at length, the speaker brought out the fact that in 85 per cent of the cases some faulty development in the lumbosacral joint is the cause and in only 15 per cent of the cases the sacro-iliac joint.

BURLINGTON COUNTY

T. B. Dickson, M.D., Reporter

The October meeting of the *Burlington County Medical Society* was held at the Riverton Country Club. Dr. Irving E. Deibert of the Camden Society was a guest.

The Executive Committee urged the members to support the Miller Bill which is in Congress.

Dr. John Strenski of Riverside was elected to membership.

Mrs. B. Kendall Archer, Chairman of the Moorestown Rationing Board Food Panel, introduced Mr. L. J. O'Donnell, the District Chairman of rationing of food. Mr. O'Donnell told of the many problems which confront his panel. He requested that the physicians answer completely all questions on the forms which they fill out for patients. There is a panel of physicians to whom Mr. O'Donnell sends requests for additional food points, and its recommendations are followed. However, this medical panel covers most of South Jersey. Dr. Parry Scott suggested that a board of food censors be made up of physicians from Burlington County who would pass on the applications for extra food from this county. Mr. O'Donnell welcomed the suggestion and the following panel was appointed: Dr. Parry Scott, Chairman; Dr. Howard Curtis and Dr. Harry Mark.

The principal speaker of the evening was Dr. William L. White of the Pennsylvania Hospital, Philadelphia. His topic was "Penicillin". He told briefly of the discovery of penicillin and described its chemical and physical properties. Then Dr. White went into detail and related what bacteria responded to the penicillin therapy—those that were somewhat resistant, and those that were resistant. His next point was its dosage. He explained that the dosage was quite variable and its toxicity was low. He stated that it was better to give large doses over a short period of time rather than small doses over a longer period. This is due to the fact that bacteria build up a resistance to penicillin. His last point was the mode of administration, the two best ways being intravenously or intramuscularly. Administration by mouth or rectum is not recommended.

CAMDEN COUNTY

Joseph C. Lovett, M.D., Reporter

The *Camden County Medical Society* met at the Camden City Dispensary on November 7, 1944, with Dr. Henry B. Decker acting as President in the absence of Dr. O. W. Saunders. Thirty-nine members were present.

The speaker of the evening was Col. G. G. Duncan, M.C., A.U.S., the subject being "The Practice of Military Medicine in the South Pacific". Col. Duncan's talk was very interesting and enjoyed by all, the only fault being it was too brief. Col. Duncan believes that amoebic dysentery will be one of our biggest problems. The typhus mortality rate depended upon the section of the country. Hordes of flies and mosquitos are found on all these islands.

He feels that atabrine is a safe drug. Atabrine used properly will prevent recurring attacks of malaria and the relapses are less frequent when atabrine is used rather than quinine in the treatment of malaria. Sulfadiazine gave better results in the treatment of dysentery than sulfaguanidine.

In filariasis, a diagnostic feature is the lymphangitis extends distally. Infected men clear up without treatment and there is rarely glandular involvement in the white man. It does not seem to be a disease of the white man.

Following Col. Duncan's talk, Mr. William Blanksteen explained to the Society the group plan on Health and Accident Insurance. This plan is official with The Medical Society of New Jersey. Dr. Decker appointed Dr. J. S. Shipman as chairman of the committee to consider the Plan.

GLOUCESTER COUNTY

A. Guy Campo, M.D., Reporter

The *Gloucester County Medical Society* held a regular monthly meeting on October 19, 1944, at 9:00 p. m. in Woodbury. After the regular business

meeting, DR. GLENN S. USHER of the U. S. Public Health Service showed sound colored motion pictures on "The Modern Management of Venereal Disease".

The diagnosis in the primary stage is characterized by a chancre which may be found on the penis, vagina, rectum, fingers, lips, or breasts. Differential diagnosis was discussed.

Dr. Usher stated that syphilis is an infectious disease in both the primary and secondary stage. In the (1) acquired type the individual is potentially infectious during the first four years of the disease. In the (2) congenital type the child is infectious the first three years after birth. (3) In pregnancy the mother is infectious unless she has received treatment. If the mother has received thirty or forty arsenicals and thirty or forty bismuths with a serologically negative reaction, no treatment is needed in pregnancy.

After twenty arsenicals and twenty bismuths have been given, no patient is infectious, regardless of serology. In latent syphilis 30 or 40 per cent of the patients are Wassermann-fast. In that case twenty arsenicals and twenty bismuths are sufficient to prevent complications.

The latest method of treatment is with penicillin. Give a total of 1,200,000 units in divided doses of 20,000 units every three hours until the entire amount is given. In primary and secondary syphilis a 90 per cent cure rate has been established with this treatment.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on Wednesday, November 8, 1944, at the Masonic Club, Jersey City. The meeting was called to order by the President, DR. WALTER D. WEBER, at 9:30 p. m.

DR. JOHN SCHWARZ of Weehawken was elected to membership. DR. FRANCIS A. CAMPANA of Union City was passed by the Board of Censors for reinstatement.

DR. HERMAN O. MOSENTHAL, Professor of Clinical Medicine, New York Post-Graduate Medical School of Columbia University, spoke on "Use of Insulin in Diabetes Mellitus" with lantern slides.

Dr. Mosenthal's presentation consisted largely of a series of lantern slides which showed tables of detailed studies and graphs illustrative of the action of the various insulins used in the treatment of diabetes mellitus. The insulins in use, with their characteristics, were listed as follows:

Insulin	*Onset Action*	*Duration Action*	*Maximal Effect*
Regular Crystalline	Immediate	4- 5 hours	4-5 hours
Protamine	4-6 hours	8-72 hours	early a. m.
Globin	1-2 hours	12-24 hours	4 p. m.

From clinical experience, the opinion was expressed that globin insulin with zinc possesses definite advantages in the efficient management of diabetes despite the delay in onset of the action. Better control of the postprandial hyperglycemia is accomplished by administering globin insulin with zinc forty-five minutes to one hour before breakfast than immediately before or after breakfast, as is customary with regular insulin. If globin insulin with zinc does not maintain a reduction in the blood sugar range for twenty-four hours, it will not control very severe cases of diabetes in which the blood sugar rises during the night while fasting. The actual effect on blood sugar can be determined only by making frequent observations during a twenty-four-hour period, during which the patient is fasting or receiving small amounts of carbohydrate at short, regular intervals.

An analysis of the effects of globin insulin with zinc and of protamine zinc insulin on the blood sugar indicates that in mild cases of diabetes in which only postprandial hyperglycemia exists and not with a fasting rise of blood sugar, the action of these two insulins is almost the same. It is important to remember, however, that about three units of globin insulin with zinc produce effects equal to four units of protamine zinc insulin. With the latter, a night meal is required; with globin insulin with zinc, the low blood sugar that develops at about 4 p. m. may be overcome by a collation at that time or by distributing the starches through the day so that about 20 per cent is taken at breakfast, 40-50 per cent at lunch, and 30-40 at the evening meal.

For the control of severe diabetes by one injection daily, two methods are in general use. The first method strives to formulate an insulin that will fill the needs of most diabetic patients (mixture three parts of regular insulin to two parts of protamine zinc insulin; mixture two parts of regular insulin to one part of protamine zinc insulin; modified protamine zinc insulin). The second method is that of grading the mixture of regular insulin and protamine zinc insulin in such a way as to meet the needs of the individual patient. The first method is applicable to the majority of diabetic patients, whereas the second method described is sufficiently flexible to be adaptable to every diabetic patient. Dr. Mosenthal said that he has known the same degree of control of diabetes that is accomplished by adjusting the proportion of protamine zinc insulin and regular insulin in the same syringe, to be attained also by administering protamine zinc insulin and globin insulin with zinc by separate injections at one sitting, about one hour before breakfast.

MONMOUTH COUNTY

Elsworth F. Baker, M.D., Reporter

The regular meeting of the *Monmouth County Medical Society* was held at the Nurses' Residence, Fitkin Memorial Hospital, Neptune, on October 25, 1944. The President, DR. OTTO HOLTERS, presided. The reading of the minutes was dispensed with because of the lateness of the hour.

The following business was discussed:

1. A motion was made to change the time of auditing the Society's books to April, at the time of the annual meeting, instead of December, as it now stands. This would allow a more accurate presentation of the Society's finances. The matter was held over for further study and discussion.

2. Continued discussion brought up at the September meeting as to whether the Society should continue monthly meetings for the remainder of the war or change to bi-monthly meetings. Considerable opposition to the motion was presented and decision was postponed until the November meeting.

3. Further discussion of the Major Edmund Kanses Fund. It was recommended that financial experts be consulted before any conclusion be made concerning the establishment of this fund.

4. The fact was brought to the attention of the Society that there is a bill before the Legislature to allow the formation of a Chiropractic Board of Examiners with power to license chiropractors in New Jersey. The members were urged to send representatives of this Society to the Joint Legislative Committee hearing on Tuesday, October 31. Drs. Sewell, Andrews, Albright and Holters expressed their willingness to represent the Society.

The meeting was then turned over to Dr. Andrews, who introduced the speaker of the evening, Dr. J. William Hinton, Professor of Clinical Surgery, The New York Post-Graduate Medical School, Columbia University, New York. His subject was "Physical Indications and Treatment of Ulcer of the Stomach and Duodenum".

Dr. Hinton opened his discussion by the statement that the treatment of ulcers is a controversial subject. He told of his experience in starting his Stomach Clinic at Bellevue Hospital in January, 1927, and has to date studied 1500 cases in this ambulatory clinic. He has found that duodenal ulcers have been more frequent than gastric ulcers, whereas, in hospital cases, the reverse is true. In fact, of the ambulatory cases, 89 per cent are duodenal and 11 per cent gastric. From his experience, 85 per cent of the duodenal ulcers do not require surgery. He states there is no specific management but every case has to be treated individually. He stressed the importance of discussing with the patient his problems as an ulcer patient and the necessity of securing mental rest. Emotional disturbances may either increase or decrease the normal secretion and peristalsis. This process is more easily upset in the ulcer patient than in the normal individual. Thus, 85 per cent of these duodenal cases are medical problems. He outlined the following surgical indications: Intractable pain requires surgery, but by this he meant pain week in and week out without relief—pain that cannot be controlled. He added that it takes considerable clinical experience to decide when a patient really has pain. An obstructing ulcer per se was not a true indication of surgery except in perforating ulcer with simple closure followed by stenosis. The bleeding ulcer still offers considerable confusion as to the proper treatment. Bleeding ulcers must be considered under two headings: those with pain and those without pain. A bleeding ulcer with intractable pain is a surgical indication because of the pain. Hemorrhage is incidental. A massive hemorrhage or even repeated massive hemorrhages without pain are not surgical. If surgery is performed, the individual may develop future pain and ulcers. Frequently the results are disastrous. However, massive uncontrollable hemorrhage where the ulcer has eroded into a large vessel, particularly the superior pancreatico-duodenal artery, operation must be performed in order to save the patient's life. This, however, is rare and can be recognized by failure of the patient to improve under repeated transfusions of 2000 to 3000 c.c. of blood daily. In fact, the patient continues to grow worse. Treatment here is heroic, but in Dr. Hinton's experience, 50 per cent have been saved by operation. Transfusions of this size will stop all hemorrhages except those from a large artery. Penetrating ulcers into the head of the pancreas produce pain from the pancreatitis which develops and may even ulcerate into the common duct. These cases are surgical and relief can be expected only when the ulcer is actually removed.

The treatment of gastric ulcer requires considerable revision. Dr. Hinton stated that according to the report of the Bureau of Census 1942, 4.8 deaths per hundred thousand population were due to gastric ulcer, while 2.1 deaths per hundred thousand were due to duodenal ulcer. In his clinic, nine out of ten deaths due to ulcer were duodenal, illustrating that throughout the country gastric ulcer is not properly treated. He stated that gastric ulcer is more easily treated medically than duodenal ulcer and is distinctly a medical problem except in 10 per cent of cases where one cannot decide whether the process is a simple ulcer or cancerous. Here surgery is indicated, but even in these cases he found that 80 per cent were simple ulcer. Ninety per cent of gastric ulcer cases should, therefore, not come to surgery. He has found no indication of cancer developing later on the basis of an ulcer. He admits that other authorities differ with his opinion, believing that ulcer may become cancerous and present statistics to show more cancers of the stomach than he has found. He stressed with numerous illustrations, however, that the histological problem distinguishing between simple ulcer and carcinoma has not been solved. The gastric ulcer that does not improve medically and the patient continues to lose weight and the ulcer increases in size, should have surgical intervention.

Dr. Hinton briefly discussed the type of surgery done in these cases and stated that he has not performed a gastroenterostomy since 1932. He admitted that this operation will cure many ulcers of the duodenum but in all of these cases medical treatment does equally well. Surgery by gastroenterostomy will not cure the penetrating ulcer. Ninety-three per cent of chronic duodenal ulcers are posterior and penetrating and produce a chronic pancreatitis. If operation is performed, it is necessary to do a subtotal resection with removal of the ulcer. The ulcer must be dissected out from the pancreas if a cure is to be expected. This operation usually gives good results but one can always expect some failures with future ulcer formation. In a seven-year follow-up of gastroenterostomies he found 75 per cent failures.

A very lively discussion followed Dr. Hinton's excellent paper with opinions both in agreement

and disagreement. The paper, however, was thoroughly appreciated and a vote of thanks was offered to Dr. Hinton for his kindness in coming down from New York to talk to the Medical Society.

MORRIS COUNTY

Julian F. Johnston, M.D., Reporter

The first of our quarterly meetings decided on for this year was held at the Morristown Memorial Hospital on October 19, 1944, with DR. F. C. BOWERS presiding. About 30 attended and an interesting program was provided by the Hospital Staff, who were responsible for this meeting.

After a short business meeting in which two new members, DRS. ESPOSITO and DREDGE from Greystone Park were welcomed into the Society, and the passing of our esteemed Reporter, DR. JUDD, was mentioned with deep sorrow, DR. JULIAN F. JOHNSTON of Chatham was elected to act as Reporter.

DR. GEORGE YOUNG was presented with a cocktail set from the Society on his retirement from the office of Secretary, which he has very capably filled since 1936. Dr. William Costello praised him for his industry and particularly his initiative in instituting and developing the Bulletin.

Dr. Bowers received the authority to appoint Dr. Young to change and revise the By-Laws of the County Society.

DR. L. E. WILLIAMS presented for discussion an unusual case of ruptured pregnant uterus at the eighth month, previous caesarean 15 years before. At operation the uterus was contracted and the placenta and fetus enclosed in amniotic sac were found in the abdominal cavity, fetus not viable. Hysterectomy was performed and patient made a good recovery.

DR. H. M. LARSON read an excellent paper on poliomyelitis and DR. F. C. BOWERS presented the history, clinical course and results of 20 recent cases, which made an interesting series—four of the cases were all children from the same family and were admitted singly on successive days. Kenny treatment was employed and the consensus of opinion was that the patients seemed more comfortable and responded well psychologically. These papers were well received and a long and active discussion ensued, following which the meeting adjourned and the members enjoyed sandwiches, beer and coffee provided by the hospital.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

A regular meeting of the *Passaic County Medical Society* was held on October 17, 1944, at the Freeholders' Meeting Room. The meeting was called to order by the President, DR. WILLIAM SULLIVAN.

Dr. Theodore K. Graham introduced the speaker of the evening, DR. PHILIP LEVINE, who spoke on "The Clinical Importance of the Rh Factor". Dr. Levine's paper gave a clear picture of the value of the Rh factor in obstetrical cases. He pointed out the interesting observation that many cases of abortion and still-births, as well as birth encephalopathies were due to this factor. His paper was one of the most interesting heard at a County Medical Society meeting. There was much discussion by the obstetricians and clinical pathologists present.

MRS. ANNA I. VAN SAUN, the Director of Division of Laboratories, Board of Health, Paterson, spoke briefly concerning the problem of the Rh factor as concerns Passaic County. She gave a statistical analysis as to the number of cases done and the results.

The following physicians were elected to the Passaic County Medical Society membership: Active Membership, CLARA UNRATH ZICK, M.D., ROBERT GARNETT, M.D., and ALFRED W. NORRIS, M.D.; Associate Membership, HARRIET N. STEIN.

WARREN COUNTY

Philip B. Kassow, M.D., Reporter

The Annual Meeting of the *Warren County Medical Society* was held at the Hotel Belvidere, Belvidere, N. J., on October 17, 1944. A motion was made and seconded to increase the annual membership dues to $27.00.

DR. PHILIP B. KASSOW read a paper on "The Prerequisites in the Treatment of Cancer."

The annual dinner followed the meeting and was attended by the Auxiliary to the Warren County Medical Society.

The following Officers were elected:

President, DR. HARRY BOSSARD
Vice-President, DR. WILLIAM VARNEY
Secretary, DR. PAUL DRAKE
Treasurer, DR. ARTHUR ZUCK
Reporter, DR. PHILIP B. KASSOW
Censor, DR. WILLIAM VARNEY

Delegate, DR. GUERNSEY WEST
Alternate Delegates: DR. HERMAN BALDAUF, DR. FRANK S. GORDON, DR. SEYMOUR KIMMEL.
Nominating Committee: DR. GUERNSEY WEST

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The *Summit Medical Society* of Summit, N. J., held its first meeting of the season at Ciba Pharmaceutical, Inc., Lafayette Park, on Tuesday evening, October 31, 1944, at 9:00 p.m., with twenty members and seventeen guests present.

DR. M. S. EDGAR, the President, presided. The Society has entered into the new season with a very good start as both the President and Vice-President (DR. J. D. TIDABACK) are very anxious to make these meetings interesting to non-members as well as to the members of the Society. Owing to the fact that DR. EVELYN HOLT is serving overseas, her office as secretary has been taken over by the retiring secretary, DR. C. S. THOMSON.

The paper of the evening was presented by DR. I. SNAPPER of New York City. The subject was "Medical Aspects of Bone Diseases". In this paper Dr. Snapper emphasized the fact that bones should be considered as organs dependent on proper diets, etc. This paper was very interesting and invoked much discussion.

DRS. HALLOCK and ACKERMAN were elected members of the Program Committee.

WOMAN'S AUXILIARY

"PRESIDENT'S CHRISTMAS MESSAGE"

Mrs. David B. Allman

Greetings:

In looking forward to the Holiday Season this year we do so with hope and high spirit. Surely on one front at least we shall soon have peace, and in the not too far distant future the whole world will no doubt be at peace again. For this we must be exceedingly grateful.

But with the advent of peace our problems will not be over and our work will not be done. Quite to the contrary. Then will come our greatest opportunities to help those who have so valiantly struggled for that peace, and to help organized medicine fight the sinister legislation that will soon again rear its ugly head.

The time will then be ripe for politicians to hold forth to an unsuspecting public the candied lure of Government Medicine. It is incumbent upon us to be fore-warned and fore-informed about these matters so that with truthful statements and forceful facts we can refute the arguments propounded by the proponents of such legislation.

American Medicine, because of its splendid war record, has never before been held in such high esteem. Let no legislation get on the statutes that might in the future in any way detract from that enviable record.

We, of the Woman's Auxiliary, must fight shoulder to shoulder with the men of The Medical Society of New Jersey here on the home front. We must support them in every way. To neglect such efforts would be to shirk our duty.

We should enter the new year with renewed pledges to attend all Auxiliary meetings and functions, and not only to simply attend but to take an active, constructive part in all its proceedings. We cannot sit idly by and watch our team-mates "carry the ball". We too must participate and be in there working for the cause at all times.

Give your County Officers all possible support, not only by "lip service" but by your attendance at the meetings and your work on committees. There is much you can do, not only for the benefit of the medical men of New Jersey and their families but for the citizens of New Jersey as well. Do not feel that your part is not important. Every cog in every wheel plays an important part, and we need your help.

Your State Officers are attempting to carry out a comprehensive and constructive program. We are working hard and giving our best. Won't you please do likewise?

As we approach the New Year with new hope and new expectations, I extend to you all, wherever you are, our very best wishes and the hope that your fondest desires will be realized.

PUBLIC RELATIONS COMMITTEE

Mrs. Herschel S. Murphy, Chairman

A "go between" committee indeed is the Public Relations Committee of the Woman's Auxiliary to The Medical Society of New Jersey. Its work is especially vital in these days when so much of the world's surface is ravished by the mechanisms of war. Here in America not only are all the young doctors being taken away to care for the service men and women but there is an added load on the few left on the home front. It is with these few that we are vitally concerned at the present and yet the interests of those away from our shores must also be protected. So as doctors' wives it is up to us as a group and as individuals to see that the layman understands and is sympathetic with the physician's hard task of caring for the sick with what might be looked upon as a depleted office force.

An excellent opportunity to accomplish this better understanding knocks at the door of each Auxiliary. Just open the doors and invite the local P.-T. A. organizations, women's

clubs and the like to attend one of the county Auxiliary meetings, being sure to have an excellent speaker to present the medical point of view on a contemporary subject of interest to the layman.

But we cannot just sit back in our easy chairs and rock complacently, thinking our job done once we have entertained our lay friends. We must go to them in their clubs and organizations; work a wedge into their year's program by suggesting a health meeting. Help them, if they so desire, to get a speaker for their meeting, someone who will give them a good talk on a health subject.

Go to the public libraries and urge them to keep in a prominent place the current medical publications.

And last but not least, as a Public Relations Committee, we must work hand in hand with the Committee on Legislation and the Advisory Committee of the Medical Society, procuring from them authentic information on such legislation as the Wagner-Murray-Dingell Bill and the Emergency Maternity and Infant Care Program. With this accurate information in hand we can then go forth among our friends and help to spread the truth about these bills. We must by the weight of our influence try to secure the bond between our doctors and their patients. Not by the attitude of putting something over on our lay friends but by showing them how much better off they are now than they would be under State Medicine, will we accomplish our end.

In conclusion, let us be reminded that in our Public Relations Committee we have a vital weapon which if used wisely can without a doubt gradually but surely bring the layman to see more nearly eye to eye with his physician, and with this better understanding the task of the doctor will be made easier.

FUTURE EVENTS

ATLANTIC — Arrangements for the annual Christmas party to be held in the home of Mrs. James H. Mason are being made; Mrs. Anthony Merendino has been appointed chairman of the card party to be held in January.

BURLINGTON—The Woman's Auxiliary to the Burlington County Medical Society will hold a Christmas party at the home of Mrs. William Bray in Pemberton.

CAMDEN—The calendar for the year of the Woman's Auxiliary to the Camden County Medical Society includes several very important dates.

On Monday evening, February 26, 1945, the annual card party will be held at the Walt Whitman Hotel. The proceeds are to be allocated to local charities.

On March 20, 1945, the annual Public Relations meeting will be held at the Camden Women's Club. The theme this year will be concerned with rehabilitation.

ESSEX—Following its tradition of actively supporting worthy causes, especially in the health field, the Woman's Auxiliary to the Essex County Medical Society will participate in the 38th Christmas Seal Sale of the Essex County Tuberculosis League from December 4 to 16. They will staff the League's "Little House" to be located at the corner of Broad and Bank Streets in Newark.

On Thursday, January 11, 1945, the Essex County Medical Society has invited the Woman's Auxiliary to a joint meeting in the evening at 9 p. m. A collation will be served after the meeting.

GLOUCESTER—A regular business meeting and luncheon will be held at the home of Mrs. Louis Collins of Glassboro at 1 p. m. Thursday, November 30.

PASSAIC—The Woman's Auxiliary to the Passaic County Medical Society will meet on Monday, January 15, 1945.

AUXILIARY REPORTS

Atlantic County

Mrs. Samuel Salasin, Chairman of Publicity

Mrs. Daniel C. Reyner, President of the *Woman's Auxiliary to the Atlantic County Medical Society,* presided over the regular monthly meeting of the Auxiliary held at the Madison Hotel Friday afternoon, November 10. Mrs. V. Earl Johnson was chairman of arrangements for the luncheon which preceded the meeting. Arrangements are being made for the annual Christmas party.

Essex County

Mrs. Rocco Marra, Chairman of Publicity

At the season's opening meeting on Monday, October 23, projects to be adopted by the *Woman's Auxiliary to the Essex County Medical Society* were presented, and revision of the constitution and by-laws of the Auxiliary were discussed. The meeting was presided over by the President, Mrs. Lodovico Mancusi-Ungaro. Honor guests were: Mrs. David B. Allman, State President of the Auxiliary, and Mrs. William E. Dodd, President-Elect of the state group. Guest speakers were: Dr. Royal A. Schaaf, President of the Academy of Medicine; Dr. Louis Schneider, President of the Essex County Medical Society; and Mr. Phillips H. Cummings, world traveler and well-known lecturer.

A buffet luncheon was served by our hostess committee at the Academy of Medicine, where the meeting took place. Harp selections were played by Elsa Moegle of Jersey City.

Dr. Schaaf and Dr. Schneider stated their appreciation for the coöperation the Auxiliary is giving to the Medical Society, which is greatly needed in this critical war period.

Mr. Cummings told the Auxiliary that losses by tropical diseases far exceeded losses by Japanese shots in the South Pacific. The research work of the Rockefeller Foundation on tropical diseases, the work of missionary doctors and others were all commended by Cummings, who also spoke particularly of Dr. Robert A. Lambert who, beside his scientific treatises, also wrote "Yankee Doctor in Paradise". Beside the study of disease there is much else to be considered, Cummings added, in dealing with the menaces of life in the tropics. Climatology is a leading study, including how to preserve drugs in a usable condition, how to fight fungi and other deteriorating conditions, he said. Racial customs, habits and superstitions set up barriers against creating hygienic conditions, the speaker pointed out, adding: "We must learn to out-witch the witch doctors in dealing with the native people."

Gloucester County

Mrs. C. A. Bowersox, Chairman of Publicity

The regular business meeting of the *Woman's Auxiliary to the Gloucester County Medical Society* was held at the home of the President, Mrs. Henry B. Diverty, Woodbury, Thursday evening, October 19, at 9 p. m., with the President presiding.

Reports were given by the Secretary, Mrs. William Pedrick of Glassboro, and the Treasurer, Mrs. William Harris of Mullica Hill. Other committee chairmen also gave brief reports. Eight members were present. A social hour followed the business meeting.

Hudson County

Mrs. Peter E. Maras, Chairman of Publicity

The opening meeting of the *Woman's Auxiliary to the Hudson County Medical Society* was held Monday, October 2, at the Y. W. C. A., and was preceded by a luncheon in the Cardinal Room. An unusually large audience greeted the new officers and chairmen of committees. Mrs. Samuel G. Scott presided, and plans were made for the coming year's activities, which include an active program of war work. The speakers of the afternoon were Miss Pauline Rodefer, Director of the Home Service of The American Red Cross, Jersey City Chapter, who spoke on that phase of Red Cross work; and Mrs. Scott, who urged the defeat of the Wagner-Murray-Dingell Bill.

Mercer County

Mrs. C. Chester Chianese, Chairman of Publicity

The *Woman's Auxiliary to the Mercer County Medical Society* held an all-day meeting at St. Francis Hospital on Friday, November 3. Mrs. Robert J. Cottone was in charge of arrangements.

Over one thousand surgical dressings were folded during the day to benefit the hospital, under the supervision of Mrs. George N. J. Sommer.

At one o'clock the members put aside their work to enjoy luncheon at the home of Mrs. Chianese.

Mrs. James J. McGuire presided at the two o'clock business session in the absence of our President, Mrs. H. Donald Cowlbeck.

The Legislative Chairman reported on the Second Joint Hearing before Committees of the Senate and Assembly studying the regulation and licensing of chiropractic, held on Tuesday, October 31 in the Senate Chamber of the State House. Notices had been sent to every Mercer Auxiliary member urging them to attend this hearing. It was announced by Mrs. J. J. Belfer, Legislative Auxiliary chairman, that another hearing will take place at the State House on November 14.

After a brief discussion concerning the United War Chest of Mercer County, a motion was made, seconded and carried that the Auxiliary pledge $10.00 to this great humanitarian crusade.

A social friendly half hour followed the meeting when refreshments were served to us by the gracious Sisters of the Hospital.

Middlesex County

Mrs. Norman Rosenberg, Chairman of Publicity

On Monday, November 20, the *Woman's Auxiliary to the Middlesex County Medical Society* met at the home of Mrs. Ralph J. Faulkingham. Mrs. Charles Merrill, President, held a short business meeting, after which an auction sale was held for the purpose of raising funds for the organization. Each member was asked to contribute a wrapped article for the sale.

Mrs. Charles F. Merrill, President, discussed issues raised at the state meeting. A motion was passed to contribute to the cancer control drive.

Each member volunteered to contribute a Christmas box for a hospital patient at Camp Kilmer.

Reports were given by Mrs. William Stein, Corresponding Secretary, on a luncheon meeting, and by Mrs. Faulkingham, Public Relations Chairman, on the public forum held on November 15.

On the refreshment committee were Mrs. Morton S. Brody, Mrs. L. A. M. Feher, Mrs. Norman Rosenberg.

Mrs. William J. Condon was chairman of invitations.

Monmouth County

Mrs. Maxwell Colby, Chairman of Publicity

The *Woman's Auxiliary to the Monmouth County Medical Society* held its regular meeting on Wednesday afternoon, November 1, at the Alumnae Hall of the Monmouth Memorial Hospital, Long Branch. Mrs. Joseph Bossone presided. Plans were discussed for raising money for the Medical Society blood bank. After the meeting tea was served by the hostesses of the day, Mrs. Murray Woronoff and Mrs. Thomas Andrews.

Passaic County

Mrs. Irving Silverman, Chairman of Publicity

The *Woman's Auxiliary to the Passaic County Medical Society* held its first meeting Monday afternoon, October 17, at the home of its membership chairman, Mrs. James Gallo, in Paterson. Mrs. Joseph E. Mott, President, presided. Quite a large group of members turned out to this lovely tea, with four new members for a good start on a successful year.

Warren County

Mrs. Herman Baldauf, Chairman of Publicity

On September 19 the *Woman's Auxiliary to the Warren County Medical Society* met at the home of Mrs. Emery Krausz. Reports were heard and plans for the year outlined.

On October 17 this active group met at the Hotel Belvidere, Belvidere, with Mrs. F. A. Shimer, President, presiding. Reports of the Executive Board meeting held in Trenton on October 9 were given by the members who attended. At the close of their business session, the members of the Warren County Auxiliary joined with members of the County Medical Society for luncheon.

BOOKS RECEIVED FOR REVIEW

SYNOPSIS OF CLINICAL LABORATORY METHODS. By W. E. Bray, B.A., M.D. 3d ed. Pp. 528 with 93 text illustrations and 20 color plates. St. Louis, C. V. Mosby Company. 1944. $5.00.

INTERN'S HANDBOOK: A Guide, Especially in Emergencies, for the Intern and the Physician in General Practice. By Members of the Faculty of the College of Medicine, Syracuse University, under the direction of M. S. Dooley, A.B., M.D., and Maynard E. Hilmes, M.D., F.A.C.P., Co-chairmen, Publication Committee. 3d ed. Pp. 579. Philadelphia, J. B. Lippincott Company. 1944. $3.00.

ART OF RESUSCITATION. By Paluel J. Flagg, M.D. Pp. 453, illustrated. New York, Reinhold Publishing Company. 1944. $5.00.

MODERN CLINICAL SYPHILOLOGY: Diagnosis, Treatment, Case Study. By John H. Stokes, M.D.; Herman Beerman, M.D., Sc.D. (Med.); Norman R. Ingraham, Jr., M.D., and Associates. 3d ed. Pp. 1332 with 911 illustrations. Philade'phia, W. B. Saunders Company. 1944. $10.00.

BOOK REVIEWS

Art and Science of Nutrition; A Textbook on the Theory and Application of Nutrition. By Estelle E. Hawley, Ph.D., and Grace Carden, B.S. Pp. 668 with 139 illustrations including 11 in color. St. Louis, C. V. Mosby Company. 1944. $3.75.

Nutrition has made considerable progress in the last two decades. This branch of medicine is important to every physician and newer knowledge in this field is welcome.

The authors have evaluated all phases of nutrition and presented it in a concise, practical and illustrative manner. Vitamins and vitamin deficiencies are thoroughly discussed and brought up-to-date. Minerals and mineral metabolism are emphasized. Food requirements in pregnancy, lactation, infancy, childhood and old age are discussed.

Diet therapy occupies the greater part of the book. Much of the material is wasted here discussing various phases of diseases which do not concern themselves with nutrition. However, the treatment of these diseases by diet is well outlined.

The chapter dealing with the choice, preparation, and serving of foods can be of interest only to a nurse-dietician and is of little value to the average practitioner. The final chapter with its various tables is a good reference work.

This is a good book to own if you have no other on nutrition. It is well written and amply illustrated so that reading is made easy.

S. WILLIAM KALB, M.D.

Rorschach's Test. 1. Basic Processes. By Samuel J. Beck, Ph.D. Foreword by Willard L. Valentine, Ph.D. Pp. 223. New York, Grune & Stratton. 1944. $3.50.

A good deal of the confusion attendant to the Rorschach test is due to the fact that most of the writings on the subject reflect the individual interpretation of the examiner in which certain personal ramifications are necessarily included in order to explain such interpretations. This book is an important step forward in the use of the Rorschach test. It merely attempts to set up a stable and

standard method of applying the test and cites verbatim reactions subsequently recording the reactions under standard Rorschach symbols. It should go far in setting up standards that will lead to a general understanding and greater usage of the test. It will also assist in providing a basis of comparison in evaluating the various techniques of the examiners. This should result in a higher standard generally in the application of the test.

The book fills an important need in the literature relating to the Rorschach test.

F. W. O'Brien.

Small Community Hospitals. By Henry J. Southmayd and Geddes Smith. Pp. 182. New York, The Commonwealth Fund. 1944. $2.00.

All problems which a hospital in a small community must face are thoroughly discussed in this book which gives an account of the work the Commonwealth Fund has been doing in establishing hospital facilities in rural sections of the country. It should be of great value and interest to all people in all communities who have the welfare of mankind at heart, including directors of hospitals and the profession. M. V. N.

Poliomyelitis: The Relation of Neurotropic Streptococci to Epidemic and Experimental Poliomyelitis and Poliomyelitis Virus, Diagnostic Serologic Tests and Serum Treatment. By Edward C. Rosenow, M.D. The International Bulletin for Medical Research and Public Hygiene, vol. A 44. Pp. 87, illustrated. New York, 319 W. 103d Street, The International Bulletin.

The publication of this volume, under the sponsorship of the Mayo Foundation and as a definite number of the International Bulletin, puts the stamp of approval on the efforts of Dr. Rosenow and his assistants in their praiseworthy desire to raise the curtain of mystery which hangs over the cause and spread of infantile paralysis. The volume represents the results of almost a life time devoted to experiments and observations by the author on the identity of the causative factor of poliomyelitis.

Those of us who can recall the almost complete indifference with which the earlier papers of Dr. Rosenow on this subject were received, when he first suggested that a pleomorphic streptococcus bore some relation to the etiology of poliomyelitis, cannot help being impressed by the persistence he has displayed in his search for the truth.

The book is one which cannot be read while running for the train, because the mass of material collected and recorded involves hundreds, yes thousands, of experiments, undertaken in many cases to meet adverse criticism.

The author has offered evidence, consisting of controlled experiments carried on over a long period of years, which should be studied by every doctor who is interested in the tremendous amount of experimental effort being devoted to solving the mystery of the cause and spread of this disease.

The unusual property of transmutation from streptococci to virus and from virus to streptococci or from the visible to the invisible and back again is made to appear possible by well controlled tests in the hands of the author and should justify the thought expressed in the foreword of the volume by the editor-in-chief, "Only diligent and persistent search for truth . . . will attain results for the progress of science." R. N. Connolly, M.D.

Safe Convoy: The Expectant Mother's Handbook. By William J. Carrington, A.B., M.D., F.A.C.S. Pp. 256. Philadelphia, J. B. Lippincott Company. 1944. $2.50.

Written strictly for mothers and expectant mothers, this informative book will be pleasing because of its sound advice, wealth of material and easy reading. All the questions which an expectant mother wants answered are thoroughly discussed, including the diagnosis and hygiene of pregnancy, complications which may be avoided, the period in the hospital, labor, and the care of the infant after it is taken home.

The author has a nice sense of humor in writing which livens the text and gets across many ideas which are difficult to impress on mothers. Even fathers will find this book of interest for there is a special chapter for them. G. A. Braun, M.D.

American Illustrated Medical Dictionary: A Comp'ete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc., with the Pronunciation, Derivation, and Definition. By W. A. Newman Dorland, A.M., M.D., F.A.C.S., with the collaboration of E. C. L. Miller, M.D. 20th ed. rev. with 885 illustrations, including 240 portraits. Pp. 1668. Philadelphia, W. B. Saunders Company. 1944. $7.50.

On a previous occasion this reviewer had the pleasure of passing on the qualities of the American Illustrated Medical Dictionary. This newest edition has continued the same excellent qualities regarding tables and illustrations. It has in addition contrived to secure and define the abundance of new words that have resulted from research both in the medical and chemical fields.

The worth of such a comprehensive dictionary cannot be over-emphasized, not only in the medical and chemical fields, but particularly in the medico-legal field where the latest methods, tests and procedures find early reference.

The dictionary, in the last analysis, must be the complete guide to nomenclature if it is to function as intended. In attempting to keep abreast of the fast-changing scientific scene, this task must require eternal vigilance, and a constant and tireless attention to detail in order to include the various phases of scientific research.

The American Illustrated Medical Dictionary has constantly conformed to this exacting standard and in recommending this particular edition, we must commend the author once again on a difficult task excellently accomplished. F. W. O'Brien.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Index 1944

Society established July 23, 1766
Journal founded September 1, 1904

VOLUME 41

JANUARY TO DECEMBER, 1944

Published monthly under direction of the
COMMITTEE ON PUBLICATION

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222 WEST STATE STREET
TRENTON 8, N. J.

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The Official List of Members and Fellows will be found as the Supplement to the April issue. The Transactions of the Annual Meeting appear as a supplement to the August issue.

A special index to the Transactions will be found on the first page of the Transactions Supplement. The annual reports of the committees and officers of the Society are indexed on page 128 of the April *Journal.*

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KEY TO SYMBOLS

* Original Articles
† Obituary
e Editorial
br—Book Review
ab—Abstract

Volume 41
Number 12

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVII **December, 1944** **No. 12**

THE danger that an unsuspected case of tuberculosis will infect others is present wherever human beings live in close contact. Whether it be in families, in schools, in offices, or under such artificial conditions as were produced by the evacuation of children from the danger areas in England is not important—the significant factor is always the case which is not recognized until too late to prevent spread of the disease. Too often children are overlooked in the search for contacts when a case of tuberculosis is discovered.

PULMONARY TUBERCULOSIS AS INFLUENCED BY WARTIME RELOCATION

An increase in tuberculosis in England following the outbreak of the war seemed to justify collection and examination of the results of work among tuberculous children in East Sussex in relation to the spread of the disease traceable to evacuation and billeting.

Little work has been done in England on locating the source of tuberculosis observed among children. Reports from Scandinavian and American investigators show that wherever the background of these children is carefully studied, large numbers of unsuspected spreaders of bacilli can be detected among their contacts, since infection quickly registers among children exposed to open cases of tuberculosis. This has been demonstrated by our experience with evacuated children.

Method of Investigation

History, physical examination, tuberculin skin tests, blood sedimentation rates and chest X-ray films were recorded in all cases. Gastric lavage was done on cases admitted to the hospital.

Case Histories

Group I—Cases showing the effect of billeting healthy children with others who have open tuberculosis:

Case 1. A girl 12 years old was admitted to the hospital with a diagnosis of rheumatism. She was found to have a cough of several months duration but previous examinations made in London had proved negative for tuberculosis. Therefore, the tuberculosis office of the reception area had not been notified. Cavities were found at both apices. This was confirmed by X-ray. The blood sedimentation rate was 21 mm; later it was 50 mm; the sputum was loaded with tubercle bacilli.

School Contacts—Four children out of fifteen were found to be infected with tuberculosis. Two others showed suspicious X-ray findings. All children were reexamined at three-month intervals until calcification developed in the primary foci and mediastinal glands.

Billet Contacts—A girl six years old was infected by *Case 1* who was billeted with the parents of *Case 2* for six months during which time the child developed a cough. She had a pleural effusion in the right base demonstrated by X-ray. The primary complex appeared as this cleared. The child made a good recovery with healed calcified lesions in the right lung appearing later.

Another contact was an eight-year-old girl who was admitted to the hospital complaining of abdominal pain. She gradually developed tuberculous meningitis and died after three weeks. X-rays showed miliary tuberculosis. She spent a month with *Case 1* at a holiday camp, sharing a bed with her at this time.

Case 2. A boy 11 years old was sent to the local practitioner because he looked thin. The doctor found suspicious signs in his chest and sent him to the hospital. The school medical officer had examined this boy with special attention because his mother had died of tuberculosis but did

not X-ray his chest. No note had been sent to the tuberculosis officer of the reception area. There were cavities at both apices, confirmed by physical signs. Gastric lavage showed many tubercle bacilli. In addition to the boy's mother, a brother and a sister in the same family died with tuberculosis and the child himself had attended a tuberculosis clinic.

School Contacts—In all, 40 children and their teacher were examined and 11 of them were found to have been infected with tuberculosis; six of these showed definite activity, four had healing lesions and one had a calcified lesion.

Billet Contacts—Case 2 was billeted with five other children, three of whom were infected with tuberculosis. One child in this group had sanatorium treatment.

Group II—The effect of billeting healthy children in households in which there is or has been tuberculosis is no less serious:

This is illustrated by the case of a child of five who entered the hospital with phlyctenular conjunctivitis and was found to be infected with tuberculosis. She was one of six brothers and sisters, all previously healthy, who were placed with a foster-mother known to have had tuberculosis eight years previously. This woman had a bad cough while the children were living with her but refused examination. Four of the six children were found to have tuberculosis.

Group III—Neglecting the examination of child contacts may also have disastrous results:

Case 3. A girl six years old died in the hospital of miliary tuberculosis. This child was infected by her aunt, a young adult who had entered a sanatorium some months before. The child had often visited her but had not been examined and the tuberculosis officer in the reception area had not been notified.

School Contacts—Case 3 attended an evacuated school and all of the children, 39 in number, and three teachers were examined. Eight children had evidence of recent tuberculous infection.

Two of the children examined with this school were found to have tuberculosis. The infection in the case of these two was traced to their mother, who had died from tuberculosis four months earlier. After the death of the mother one child had been examined clinically but no X-rays were taken.

Billet Contacts—A brother and a cousin, the latter of whom died of tuberculous meningitis, were found to be infected. Another brother has remained healthy.

Discussion

In reviewing these cases one is impressed by the importance of the search for child contacts and the little attention usually paid to them. So great is the risk of bacillary transmission that all children who have been in close or repeated contact with a case of reinfection pulmonary tuberculosis should be regarded as having become infected until it is proved otherwise.

To be domiciled with a case of open phthisis is relatively much more dangerous than to attend the same school with a case. Physical examination that deals with the exterior of the chest alone is worthless in children and may be dangerous, as an infected child may be labeled as "normal." All child contacts should have complete examinations, including tuberculin skin tests and X-ray examinations.

Wherever children are placed in a new environment, great care should be taken to establish that they are not suffering from tuberculosis and that they are not thrown unwittingly into contact with it. Certainly, a more intensive search must be made for all child contacts of open cases of tuberculosis.

Pulmonary Tubercle in Children, Influence of Evacuation on Its Incidence, Marcia Hall, M.D., The Lancet, July 10, 1943.

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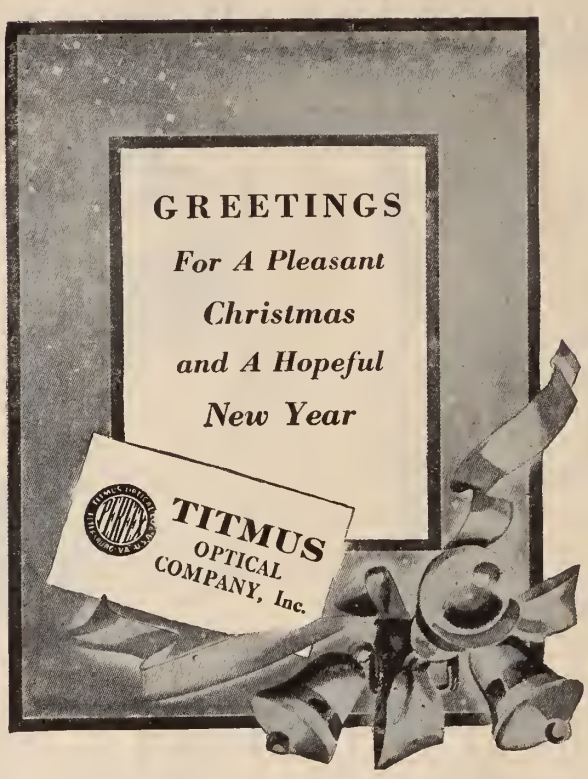
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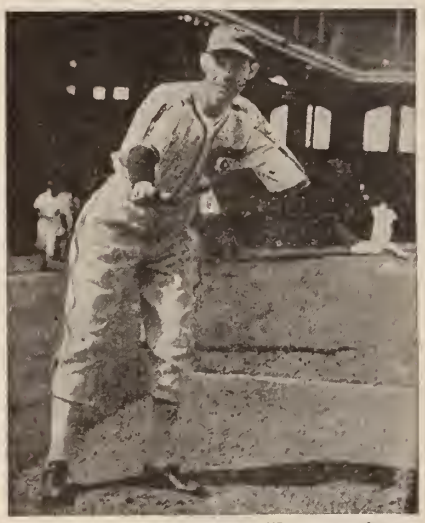


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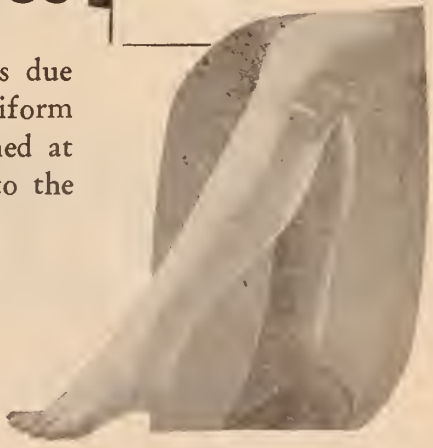
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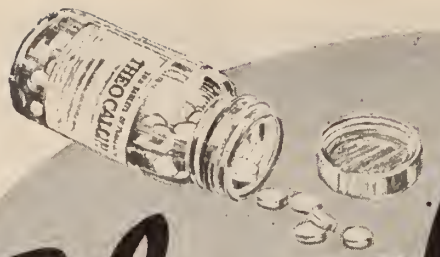


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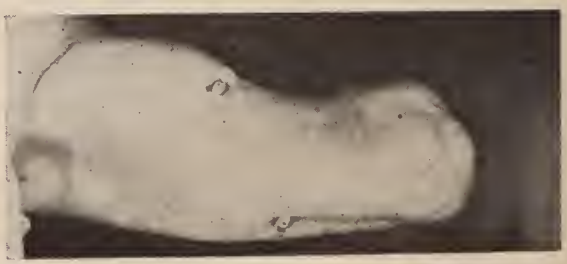
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We, men and women of Wyeth . . . as one voice, make this wish. To the doctors and nurses in our Army and Navy in the far corners of the earth; to our doctors and nurses at home; to our druggists; we at Wyeth are proud to have been of service. Proud and honored to have received our third Army-Navy "E". To you, men and women of mercy—our hand and our utmost support at all times.

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The rooster's legs are straight.

The boy's are not.

The rooster got plenty of vitamin D.

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

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